FOR STATE HEALTH DEP

W

I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12387 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12372

									Reg. Dist. No	•	
PLACE OF					2. USUAL RESIDENCE	(Where deceo			n: Residence bef	are adm	ission)
e. COUNT	Cecil		MARYL	AND	o. STATE Mary	land	b. COU		ecil		
	TOWN (If outside corporate	limits, write RUR	c. LENGTH OF STAY IF	V 1b	c. CITY OR TOWN		rporata limits, w			earest to	wn)
	Charlestown		several y		X Chank						
		UTION (If no	t in hospital, give street address		d. STREET ADDRESS	estown				e. IS R	ESIDENCI
					1						A FARMY
NAME OF		First	Middle		Lost	4. DATE	M	anth	Day	1	/ear
(Type or p	rint) Chauncey		Ellsworth		Amba	OF DEATH		13	7.0		9 58
s. SEX	6. COLOR C	R RACE 7.	MARRIED NEVER MARRIED	□ 8. D	ATE OF BIRTH		9. AGE (In year		FUNDER TYEAR	-	ER 24 HR
							last birthday)	A	Manths Days	Hours	Min.
M					12-12-1914		40	rs.	120 51717711		-
during mos	OCCUPATION (Give kind it of working life, aven if	retired)	10b. KIND OF BUSINESS OR IF	ADOZIKA	II. BIKIMPLACE (SIG	te or toreign	country)		12. CITIZEN OI	TAHW	COUNTR
red N	aval Person	3	U.S. Navy		Mich.				US	A.	
3. FATHER'S	NAME			1	4. MOTHER'S MAIDEN	NAME					
Ham	ry F. Ambs:				Goldie 1	No The re					
5. WAS DEC	CEASED EVER IN U. S. A	RMED FORCES	? 16. SOCIAL SECURITY NO.	17. INF	ORMANT	I Wandparent Ja.	Add	T@95			
Yes, no, or unkn		or dates of service	224-50-1642	1600	e Chauman	r Amba	Chamle		164		
Jes	NoW a		as lies for to the and to)		a. Chaunce	y Amus	OHIGHT	- B U	The state of the s	VAL BETW	KKAL
	•		er line far (a), (b), and (c).]							T AND DE	
P/	ART I. DEATH WAS CAUS	AUSE (a)	Acute Corona	~~ O	colingian						
142	0.1		***	-5-0	007110701						
		DUE TO	4								
	ans, if any, which	(b)	Arteriozza	est-	scleresis						
	e to immediate couse (DUE TO									
couse !		(c)									
Z P/	ART II. OTHER SIGNIFICA	NT CONDITION	ONS CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TER	MINAL DISEA	SE CONDITION	GIVEN	IN PART 1(a) 1		
š!									,	YES T	NO 🕞
200 EXT	ERNAL CAUSE WAS	20h D	ESCRIBE HOW INJURY OCCUR	PED (Ent	er noture of injury in P	ort I or Port I	Lof item 18)	-	1		110 [3
PRIMARY	OF DEATH.		ESCRIBE HOW INSORT OCCOR	LD. ILIII	ar motore or injury in r	on torrort	r or rient to.;				
		Day, Year			OF INJURY (Hame, fa y, street, office bldg., e		ly or town)		(County)		(State)
Ho Ho	o. m. p. m.	19	While Not while at wark	750,01	,						
-		charge of	the remoins described	ahove	e held on Autor	SV 🗀	Inspection §	-1	Inquiry 🖃	0.0	d in m
						-			, , ,		io iii iii
opinio	n death resulted fi	om: Not	ural causes , Accid	ent	, Suicide ,	Homicide	e [], Und	elern	nined monne	er 📙	
	11/11	M	HI BUSA							0.475	SIGNED
SIGNAT		100	Servi		M.D. CHIEF MEDICAL	EXAMINER [3			DAIR	SIGNED
		=			ASSISTANT MEDI	CAL EXAMIN	ER 🗀				
EXAMIN					DEPUTY MEDICA	L EXAMINER	6 1		11-17-5	2	
NAME (LOS NAME OF CENTER	00.6							
REMOV	CREMATION, 22b. DAT		22c. NAME OF CEMETER				ATION (City, lav			(Stat	(e)
△ B1	urial		1958 Arlingto	71 1/			t. Mye:	-			
23/ SUNERAS	DIRECTOR'S HONATURE	771 ×	Son ADDRESS			C'D BY REGIS	0		RAR'S SIGNATUR	-	
Tan A	Patters	m 0. 6	Son Perryvil	Lle,	Md. DANE)V 1 9 '5	o a	rthu	1 S. Trans		
LUCK A	Tantels	JIL 06 1	JUII								

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute if certificate, writing the ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the fungal director. Page 4 should farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relevant for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 5 word of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. ATSME 5M 2/57

	CERTIFICATE OF DE		
	bein Fyrial		52000
	Giren Learbown	very famous les	ano hasizani
	nona	dinew.Liv	To commit the firm
		CARLOW WOOD FRANCE	A STATE OF THE STA
0		The second second	Water Street
ALBAU		A CANADA	red Navel Parecral
			Harry F. Anbe
til inometri	S. Chadrosy Ambr. Ch.	arg	2
		Tonta Organia C	335 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3
7.51	nolarios	a processor control	
	nolarios		
	nolarios	Ecopology (no.	
	nolarios	a processor control	
	nolarios Slareils	Ecopology (no.	
	ncieriot eliganelo	รา การกรรมการการการการการการการการการการการการการก	
	ncieriot eliganelo	รา การของกรุงการการ เกาะการของกรุงการการการการการการการการการการการการการก	
	ncieriot eliganelo	Ecopony in the	
ix x	molerico elegacia	in the company of the	
ix x	ncierlos	in the company of the	
ix x	ncierlos	in the company of the	
ix x	ncierlos	in the company of the	
x x		in the company of the	ACAME AND ADDRESS OF THE PARTY

Reg. Dist. No.

arthur S. Kraus

(M	1.
	90	
		3.

county Cecil	MARYLAND	2. USUAL RESID

cecil Cecil	MARYLAND	g state Maryland	b. COUN	Totion: Residence b	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, writ		nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION Devine Haven Nursi	et address)	d. STREET ADDRESS	ton Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Mary	Middle Carter	Lost Arbuckle	4. DATE OF DEATH NOV	Month .	Doy Yeor 22 1958
	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yes	y) Months Da	EAR IF UNDER 24 HR
Female White WIDON 10a. USUAL OCCUPATION (Give kind of work done 10) during most of working life, even if retired) Housewife	DIVORCED DIV		or foreign country)	12. CITIZEI	N OF WHAT COUNT
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
William H. Spratt		Martha E.	. Jamison		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 (Yes. no. or unknown) (If yes. give wor or dates of service)		. Emily Arbu		Stockt	on St. E
Conditions, if any, which gave rise to immediate cause (a), stoting the under-lying cause last. DUE TO DUE TO (c)	teriosclerotic				INTERVAL BETWEEN DNSET, AND DEATH UNKNOWN 19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRI	D. (Enter nature of injury in P			
Hour a. s. Whil		octory, street, office bldg., etc.)	(Cour	nty) (Stat
21. I certify that I attended the decedalive on NOV. P.R., 19 ACTUAL SIGNATURE	58 , and that death	m.D. 233 E.		s and an the	t saw the decea date stated abo DATE SIGN 11/23/58
220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 11/26/58	22c. NAME OF CEMETERY C	Cemetery	22d. LOCATION (City, fow	n, or county)	(State) Md.
23. FUNERAL DIRECTOR'S SIGNATURE	Elkton, N	24o. REC'D	10 - 150	Inthun & to	

Elkton, Md.



MARYLAND STATE DEPARTMENT OF SEATH-SALIIMORE, 18

LEAST OF THE CHILD OF DEATH

		Cest to special to the second	
	Termine the Land		
The second of th			
a broke openings to make at	essi su Vizira di naminano manamana	the trail begins at the property at the property at the property and the property at the prope	Link on the I will be at least 1 of 1.
			20 .0
		1900	and the state of the state of

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Cecil o. STATE Md b. COUNTY files. Health, Cecil MARYLAND b. CITY OR TOWN Iff outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negres) town! your d of h Worth East d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE A STREET ADDRESS dir North East YES INO IN NAME OF Fire Middle 4. DATE Lost Month Doy Year DECEASED (Type or print) DEATH Nanoleon Ri hh 19 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED THE B. DATE OF BIRTH 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HES Months Days Hours Min 2-15-1912 WIDOWED T DIVORCED T LEG YES. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? puo during most of working life, even it retired) Painter Toms 13. FATHER'S NAME ive Poges form PM3. poges 14. MOTHER'S MAIDEN NAME -u Grover Lula May Parrich 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT North East, R.D.2. Md. Bibb. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Alcoholism IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate couse buri DUE TO (o), stoting the underlying 0 couse lost Exor PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION pasa PERFORMED? Chief Medicol I YES PA NO T 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection | and in my forworded DIRECTOR: CTOR: opinion death resulted from: Natural causes . Accident . Suicide | Homicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER **EXAMINER'S** should FUNER DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION. 22d LOCATION (City, town, or county) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 2/57

: 3 MEDICAL EXAMINER'S CELLIFICATE OF DEATH CERTIFICATE OF DEATH

12375

		4	
	ecto	3	/
	dir.	led	(
	erol	be f	/
	fun	n or	
	the	sho	
	49	22	
4			
	Fille	Ses	
	ely	Pool	
	plet	Fr.	
	moo	db	E TO
	pu	40	de
	0 40	orb	Mer
	Sicie	ve	Jrs c
	phy	e Ho	2
	ling	se r	n 72
	tend	pleo	vithi
	e o	e	o to
	y th	F	eve
	o p	ă.	ony
	igne	ě	.=
100	en s	Insit	Ono
7510	pe !	-tro	VO!
<u>a</u>	hos	urio	Ome
פפט	cate	d e	סר ה
orre	rtifi	os t	on.
b	is ce	use	noti
0110	ir th	for	Cre
200	Afte	ped	trar prior to burial, cremation, or removal, and in any event within 72 hours after death
The	38	toci	Pul.
0	ECT	e d	or to
Dec	DIR	q p	pric
rined by the hospital of attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director,	habid be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 2 shauld be filed with	ror

00

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

1		5		
	tely filled	Poges i		
	complet	papers.	eoth/	1
	cion and	corbon	offer d	
	ng physic	е геточе	72 hours	
	e ottendi	en pleas	nt within	
	ed by the	rmit. Th	ony ever	
Sicion.	neen sign	ransit pe	I, and in	
ding phy	ofe has b	buriol-	remova	
or often	s certific	se as the	ofion, or	
hospital	After this	ned for u	iol, crem	
by the	ECTOR:	e detact	or to bur	
regined	POIR	smalld t	stror prie	
may be	TO FUNE? DIRECTOR: After this certificate has been signed by the attending physician and completely filled	Sample 3 smalld be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1	the regi	
SM	A15	55)	

		TOOL	0.0	CERTIFIC	AIL OI	PEAII	•	Reg.	Dist. No.	
	PLACE OF DEATH o. COUNTY	Ceril		MARYLAND	O STATE	Mars	ere deceased live	ed. If institution: Resi	dence before ad	mission)
	RURAL ond give	(If outside carporate liminearest town) AND CAR ITAL (If not in hospital, g	14 hr	of terre	X	Che	utside corporate	limits, write RURAL o	elis	
	OR INSTITUTION	ITAL (IT hat in nospital, g	give street dooress	1	d. STREET	3 rd	x Cho	reles	// 0	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	Dermi	an	Thoma	s Bu	aras	4. DATE OF DEATH	Month	26	Year 19.57
S.	SEX M	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED [8. DATE OF BIR	BO-1	884	AGE (In years IF UN ast birthday) Mant	DER I YEAR IF U	
100	during most of wo	ION (Give kind of work or king life, even if retired	done 10b. KIND C	Sert,	DUSTRY 11. BIRTHP	Louis	or fareign country	estand 12.	a. S.	HAT COUNTRY!
13.	FATHER'S NAME	George	. Bu	gap.	Lau Lau	-	Cash	e.		
IS. Ye	WAS DECEASED EV	ER IN U. S. ARMED FOR		SECURITY NO. 17	Sauch	· Ho	Imes	Beggs (3	Maple	he Celi
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Parl	o). (b). and (c).	plegis				ONSET A	BETWEEN IND DEATH
	Canditians, if	immediate	This	externe	Ol 1	Disi	Prel		sy	ear
z	lying couse lost		1/	BUTING TO DEATH B	UT NOT BELATED T	O THE TERMS	NAL DISEASE CO	NIPITION CONTAIN	2407 14 1/10 14	V28OTILA 24
CERTIFICATION									PE	RFORMED?
	OR CONTRIBUTING	AS UNDERLYING AS		IOW INJURY OCCUR						
MEDICAL	20c, TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yes	While N	OCCURRED 20e. lot while	PLACE OF INJURY factory, street, affic	(Hame, form, ce bldg., etc.	, 20f. (City or I	own)	(County)	(State)
	21. I certify olive on	hat I attended the	deceased fro		th occurred of			e couses and o	I last saw to	
	ACTUAL SIGNATURE	Hem	ND60	nò	M.D		ADDRESS (Street,	city ar tawn, state)		DATE SIGNED
	PHYSICIAN'S NAME (Type)	9 HE	NRY U.	DAVIS /		CHE.		KE CI		10
_	REMOVAL (Specify	11/29	158 15	ethel C	OR CREMATORY	7	Beth	(City, town, ar coun	mar	Stote)
23.	FUNERAL DIRECTOR	R'S SIGNATURE	Edle	DORESS May	11	DATE DE	C 2 '58	24b. REGISTRAR'S	SIGNATURE	
-		/								

58

(State)

Page death. within 24 hours

OR O HOSPITAL

VS A15 (4) 15M 10/57

.0	HOLDER TO B	CERTIFICAT	1	
			4	
			- (Jan 2)	B POPERANT
	The second second		-14	
			50000000000000000000000000000000000000	
			TO SEE STATE OF THE PARTY.	
1 1				
	72 772 1 1800			
The second states	a heal and a series of the state of			
			TO THE WATER OF	
	10000	S Control of the		
		Sale Principle		

within 24 0 0 VS A15 (4) 15M 10/57

12377

e. IS RESIDENCE

Day

ON A FARM?

YES NO

Yeor

18 19 58 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? USA Hospital Records, VAH, Perry Point, Md. INTERVAL BETWEEN ONSET AND DEATH unknown unknown PERFORMED? YES NO P (County) (Stote) DATE SIGNED V. A. Hospital, Perry Point, Md. Director, Professional Services 22d. LOCATION (City, tawn, or county) (State) Baltimore, Md. 240. RECID BY REGISTRAS 24b. REGISTRAR'S SIGNATURE Samuel W. Sullivan, Jr. 1011 N. Arlington Ave. DATE

	HTASO TO STROPHISED	ETYLENDRAM'S	
Fig. (with the best of the bes			
	Principles Tens 1 - Lauren	Sant Barre	
	KATERO TO THE PARTY OF THE PART		
	besigning a forme force		THE STREET STREET
	THE RESERVE OF THE PARTY OF THE		
	IVE THE KC THE STAND FROM		
	CHARLEST TO SECURE AND		
	Secretar deals a correct at \$2.50 Best reference		
		100 150 1	
en-ut l. bil, auchan sees	THE PROPERTY OF STREET		
	SETTING A STANDARD	A THE WAY IN	
	are the same state of tox		
	The state of the s		State in column 2 to 10

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

HARD TO HARD T			WEST ASSESSMENT TO SELECT	
		TACHITRED ST		
			**************************************	Printer to
		12 170 .000.11		
The second secon				
The state of the s				
Account Accoun				
And the state of t				
The state of the s				Part no
		1000		
The state of the s				APPLICATION OF THE
		A New York or Service of the Service		
		A New York or Service of the Service		
		ALAN DESCRIPTION OF THE STREET		

HEALTH DEPT. files. Heolth,

your dob

form PM3. miy. File poges ALI O 18. G glong uriol-fronsit Office pasa 3 should be used to the forworded to DIRECTOR:

70 A15ME 5M 2/57

EXAMINER'S

NAME (Type)

REMOVAL (Specify)

23. FLINERAL DIRECTOR'S SIGNATURE

Removal

220. BURIAL, CREMATION, 226. DATE THEREOF

R. C. Dodson

Item 18 Film 236 12-8-58 ams MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) o. COUNTY Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bainbridge Port Deposit, Md minutes Manor Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U.S. Navel Hospital Laffey YES NO NAME OF Middle DATE Year DECEASED Barbara Ann Crawford (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED TONEVER MARRIED 1 8. DATE OF BIRTH 5. SEX 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. ast birthday) Months Days Hours DIVORCED T WIDOWED [28 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Hnusewife Washington, State 13. FATHER'S NAME Crocol lliam 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Iff yes, give wor or dates of service U.S. Naval nbridge, Hosp. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND GEATH Antiephialtic Reaction Generalized Penicillian PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Oedema of the lungs Conditions, if any, which gave rise to immediate couse DUE TO (a), stating the underlying Streptococcic Sore throat couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS CERTIFICATION PERFORMED? YES - NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) Hour factory, street, office bldg., etc.) While Not while al work at wark 21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my opinion death resulted fram: Natural couses X, Accident T, Suicide T, Homicide T, Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

ASSISTANT MEDICAL EXAMINER

24a. REC'D BY REGISTRAR

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

arthur & House

Seattle

(State)

Washington

DEPUTY MEDICAL EXAMINER

DATE DEC

VS A15 (4) 15M 9/SS

6

I

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	

12373 CERTIFICATE OF DEATH Rog. Dist. No. 12380

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Cecil	O. STATE DEL. B. COUNTY KENT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate fimits, write RURAL and give nearest town)
Elkton 2 1905	DOVER 11/4-3
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Union Hospital	RO # 1
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) ARY E.	DAWSON DEATH 11 7 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min
female white WIDOWED X DIVORCED	Jan. 11. 1875 83 yrs.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife AT. HOME	Dover, Delaware USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hugh J. Enright	Sarah Caldwell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address I-LATON.
(Yes, nowor unknown) If yes, give wor or dates of service)	RS. MARY E. HUTCHINS MAD
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) NEW MONIA	LY POSTATIC ONSET AND DEATH
450. / DUE TO	
Conditions, if any, which) (b) Gangrene	left leg LMONTHS
gove rise to immediate DUE TO	
lying couse last. (c) Trovio Sci	evisis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED? YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o. m. P. m. 19 While Not while of work of work	ctory, street, office bldg., etc.)
21. I certify that I aftended the deceased from 8 23	105P . 11/7 58
1/12	19.20, to 11 1 19.20 that I last saw the deceased
alive and that death	did on the date stored above.
ACTUAL SIGNATURE SIGNATURE	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE	M.D
PHYSICIAN'S John H. Fischer	EIKTON, MARYIAND
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	R CREMATORY 22d. LOCATION (City, town, or county) (State)
BURIAL 11/10/58 000 FEL	LONS CAMPEN. DEL.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	LLATON 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
PIPPIN FUNERALHOME Should The Dee	Md DATMOV 1 3 '58 arihur S. Kraus

•: 4	TE OF DEATH	CERTIFICA	
	/, T 6	x	MIX S (Ame) Introduction
	II. elementel		
Manager Co. D. Victor-Hus			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12374 CERTIFICATE OF DEATH

12381

	*	<u> </u>			•		Reg. Dis	t. No.	
1. PLACE OF DEATH			2. USUAL REST	DENCE (Wh	ere deceased	lived. If institution	on: Residenc	e before ad	imission)
G. COUTT	C	ecil MARYLAND		Maryl	and	b. COUNTY	Ce	cil	
b. CITY OR TOWN RURAL and give	(If outside carporate limits, w	rite c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If o	utside carpor	rale limits, write R	URAL ond g	ive nearest	town)
give	Elkton	3 Weeks	X	Earl	evill	e			
OR INSTITUTIO			I. STREET A	ADDRESS				0	RESIDENCE
Devine	Haven Nurs	ing Home						YE	S X NO
3. NAME OF DECEASED (Type or print)	T.TDTE	Middle B. F.	RAZER	st	4. DATE OF DEATH	Novemi		Day 28.	Year 1958
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	1	Н		9. AGE (In years last birthday)			INDER 24 HR
Female	White w	DOWED DIVORCED	Aug. 10.			90 yrs.	Months	Days Ho	ours Min.
10a. USUAL OCCUPATION during most of w	TION (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS OR INC	USTRY 11. BIRTHPI	LACE (State	or foreign co	ountry)	12. CITI	ZEN OF W	HAT COUNT
None	orang ma, aran na ramaay	None	Del	Lawar	е			U.S.	Δ.
13. FATHER'S NAME			14. MOTHER'S	MAIDEN N	IAME				
	Samuel Fraze	er	A	nnie	Boul	den			
15. WAS DECEASED E	VER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17	INFORMANT			Addi	ess		
(Yes, no, or unknown)	Ill yes, give wor or dates of service	None	Mr. F. F	Rodne	v Fra	zer i	Elkto	n. w	d.
	EATH [Enter only one cause				<i>J</i>				L BETWEEN
	EATH WAS CAUSED BY:	Arterioscle	notia as	ndia	770 d 011	Jen die		ONSET A	ND DEATH
422.1	IMMEDIATE CAUSE (o)	**I. COLTORCTO	TOULC CE	al ullo	vasu	Lai uiz	0000	CALAI	THOMA
	DUE TO								
Conditions, if	immediate (0)								
cause (a), statin	g the under- DUE TO								
lying cause las									
PART II. C	THER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	PE	AS AUTOPSY ERFORMED?
OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING 206 NG CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature a	of injury in P	Part I or Part	II of item 18.)			
N 20c. TIME OF INJ	URY Month, Day, Year	20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm	. 20f. (City	or town)	10	ounty)	(State
20c. TIME OF INJ	1.	While Nat while at work at work	factory, street, office	e bldg., etc.)	or rown,	10	ouniyi	(31016
21. I certify	that I attended the de	ceased fram NOV • 6	1,58	, ta No	v. 28	1958	that I le	ast saw t	he decen
	ov. 28	19,58 , and that dea	th accurred at	2:45	TM from	the courses o	nd on th	e date :	totad aba
	Doll	A - J	m accorred ac			reet, city or town,		e date s	DATE SIGN
ACTUAL SIGNATURE	8 114ph	Andews of	_M.D23	33 E.	Mair	Street	ţ	11	/29/5
PHYSICIAN'S NAME (Type)	S. Kalph	Andrews, Jr.	, M.D.	Elk	ton.	Marylan	nd		
22g. BURIAL, CREMAT		22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, town, o	or county)	1	(State)
Burial	Nov. 30.1	958 Elkton U	emetery			cton. Ma			
23. FUNERAL DIRECTO		ADDRESS		24a. REC'	BY REGISTI				
innin Tu	maral Home	aren & Hilkto	n Md	1000			ing 8 9	1 0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4

by the funeral director, 2 shauld be filed with may be retained by the hospital or ottending physicion.

TO FUNERA DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled page 3 standard be detached for use as the buriot-transit permit. Then please remove corban papers. Pages 1 the registror prior to buriot, cremation, or removal, and in any event within 72 hours offer death.

VS A15 (4) 15M 9/55

	I modern Company	
CONTRACTOR STATES AND ASSESSMENT OF THE PARTY.		
		in this
		night will be trained for \$0 of \$1.
	•	
The installed Property Contain . Il	. TEANUTE LUNCIE	
		A STATE OF THE STATE OF T
		A DESCRIPTION OF THE PROPERTY
		The second secon
		To the contract of the contrac
		To make the best of the second
		To make the best of the second
		The second secon

.

Rea. Dist. No.

1.	PLACE OF DEATH a. COUNTY	/	MARYLAND	2. USUAL RESIDENCE (W	/here deceased li	ved. If institution b. COUNTY	n: Residence befo	ore admission)
	b. CITY OR TOWN (If outside co RURAL and give negress town)	rporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		e limits, write Rt	JRAL and give ne	earest town)
-	WAKUI	R	12/12	-	VICK			
	d. NAME OF HOSPITAL (If not in OR INSTITUTION	hospital, give stree	oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First	Middle	GILL NER	4. DATE OF DEATH	Nou		ay Yeor
5.	SEX 6. COLOR	OR RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years		R IF UNDER 24 HRS
	FEMALE WHI	TE WIDOV	WED DIVORCED	AUG 1.1.	878	lost birthdoy) yrs.	Months Days	Hours Min.
10	during most of working life, every HOUSEWIFE	nd of work done 10ton if retired)	o. KIND OF BUSINESS OR INDU		or foreign coun	m D	12. CITIZEN C	OF WHAT COUNTE
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
1	ALFRED J	UNES		-TOSEPH,	IHF	SUPLI	ER	
	WAS DECEASED EVER IN U. S.	ARMED FORCES? 10	S. SOCIAL SECURITY NO. 17.	NFORMANT		Addr	ess	
L	10	- Gradies of services	NOHE M.	RS. W.D. mo	0125 10	2 E. GR	FFH ST	10,000 D
	18. CAUSE OF DEATH [Enter PART I. DEATH WAS CO		line for (o), (b), and (c).	nsons	Dise	asl	INI	TERVAL BETWEEN SET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stoling the <u>underlying</u> couse last.	(b) DUE TO (c)						
CERTIFICATION	PART II. OTHER SIGNIF		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE C	ONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING ☐ CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Part II	of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Hour a. jr. p. m.	Whil		ACE OF INJURY (Home, for clory, street, office bldg., en	m, 20f. (City or	town)	(County)	(Stote
	21. I certify that I atte alive on	Mean R	a the same	occurred at 12-13			nd on the do	aw the deceas ate stated above DATE SIGN
	PHYSICIAN'S HLL	AN R.	CRUPHLEX, M	1). MIDI) LET	ymy	D	E 4.
22	P. BURIAL, CREMATION, 22b. D. REMOVAL (Specify)	TE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY CEMETERS	1 11 1 2	N (City, town, o	r county)	(State)
23.	FUNERAL DIRECTOR'S SIGNATU	re Vone das	ADDRESS ald In Dee Oh	log Med DATE N	OV 1 3 '58		TRAR'S SIGNATU	117

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 DRECTOR: After this certificate has been signed by the ottending physician and completely filled the detached for use as the butial-transit permit. Then please remove carbon papers. Pages I priar to burial, cremation, or removal, and in any event within 72 hours ofter death. the hospitol or ottending physician. TO FUNERA TOREC page 3 4 d be the registrar prior

by the funeral director, 2 should be filed with

6 3 , 75 . ab Ta September 1991 A Section of the contract of t and the first of the second of Color Service Color Search Service Ser

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12375

CERTIFICATE OF DEATH

12383

24 hours after deoth. Page 4

65

		-	9	
=		-	6	
3		-		
e		d F	Ser	
2		0	o	유
X		0	6	è
8		9	g	16
9		6	ò	J.
to		0		S
Ę.		Š	ò	Ö
		0	en	4
0		- Bu	0	1
TO		P	SO	5
de		9	à	F
0		0	6	+-
=		the state of	4	Ver
20		>		0
-07		P	Ë	5
ire.		a L	ē	6
9	-	.50	4	0
-	0	C	ns:	0
3	1510	pe	fra	-
-	ph)	33	ö	ò
上	O	ž	5	E
Ë	ġ.	ofe	9	-
4	en	fic	÷	0
S	0	t e	0	g
7	0	0	3	to
ã.	0	#	5	en
5	ō	ě	ç,	0
5	90	AF	eg	0
Z	0	::	3ch	5
E	=	ō	e e	0
4	و	ט	0	-
S	P	X	Ď	10
1	0	9	pla	0
Y	4		5	P
4		ER	(7)	gist
Ö	Y	Z	9	-
I	OF	I	go	he
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	-	10	-	4011
	15	TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and completely fi	14	
1	5M	9/	55	

	Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY C'E C' MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION	d. STREET ADDRESS POGWOOD R. STRESIDENCE ON A FARM? YES NO IN
3. NAME OF DECEASED (Type or print) Beauford D.	Hardin A. DATE Month Day Year OF DEATH Non 24 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	8. DATE OF BIRTH 9. AGE (In years lost birthday) March 3, 1900 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer General	Ashe Co. N. C. U.S.A
13. FATHER'S NAME OSCAR Hardin	Lillie Hardin
Unknown (If yes, give war or dates of service) Unknown H	NFORMANT Address [OSpital Records Elkton, M.d.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEPATO - 120	ral Failure Interval Between onset and Death 4 days.
Conditions, if any, which gave rise to immediate (b) He fatre	metustoses imos
couse (o), stoting the under- lying couse last.	Carcinoma lyear
5 Cust Punereus propen 1.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \text{NOT} \) NO \(\sigma \text{LOP} \) YES \(\sigma \text{NOT} \)
OR CONTRIBUTING CAUSE OF DEATH	O. (Enter nature of injury in Part t ar Part II of item 18.)
ZOC. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the control of wark at w	ACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) ctary, street, office bldg., etc.)
21. I certify that I attended the deceased from Det 15 alive on Nov 24, 19 38, and that death ACTUAL SIGNATURE WELLAGE Object for the SIGNATURE WELLAGE OF THE SIGNATURE WELLA	n accurred at 4 M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNEY M.D. CE C. Hora, M.D. 25 M.B.
PHYSICIAN'S Wallace Obenshain	
220. BURIAL, CREMATION, REMOVAL (Specify) ROV. 26, 1958 Hardin 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Cemetery West Jefferson N.C. 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
PIPPIN FUNERAL HOME done of the Elk	cton MODAROV 2 8 '58 arihar S. Frank

The state of the s A ME LESS. . . . The product is a completely recently an appreciately theory a prestancy milwell RPPL APPLY APPLY the state of the s

VS A1S (4) 15M 9/SS

	1	
		di
quies mot the decin continue of executed within 14 today one court.	isgned by the attending physician and campletely filler by the funeral director, i permit. Then please remove carbon papers. Pages	nt n
	funeral	M
5	shoe	
200	A P	
+7 1111	fille	
	letely S. Po	
20000	comp	d in any event within 72 mount offer death.
0 00	rbon	ter d
5	ician e ca	3
	рьу	100
	oding ase r	in 7
0	otter n ple	#IM
5	The	even
=	d by	ony
5	gne	.5
3	- 10 -	77

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12395
CERTIFICATE OF DEATH

12384

								Reg. Dist.	No.	
1. PLACE OF DEATH	r. con		MAD	YLAND	2. USUAL RESIDENCE (_	ed lived. If institution b. COUNTY	_		ission)
	Cecil					land		Cec		
RURAL ond give ne		, write	41 Year		× Chesar		orote limits, write Rt City	JRAL and give	nearest to	wn)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, gi	re street o	oddress)		d. STREET ADDRESS				ON	A FARM?
3. NAME OF DECEASED (Type or print)	PAULINI PAULINI		Widdle		NICK tost	4. DATE OF DEATE	Mont	h 1	Day	Yeor 1958
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED 🔲	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1 Y		
Female	111111111111111111111111111111111111111	WIDOWE				184	74 yrs.	Months Da		
during most of work House W	ing life, even if retired)	one 10b.	at Home	OR INDU	STRY 11. BIRTHPLACE (SIG		country)		S. A	AT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDE	NAME				
And	rew Dolin	ski			No In	fo.				
	IN U. S. ARMED FORCE If yes, give war or dates of ser				NFORMANT	1 61	Addr			
No			None		ary Hernic	k Ch	esapeake		-	
	TH [Enter only one cou	se per lin	ne for (o), (b), and (c)	-]					INTERVAL ONSET AN	
PARI I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Ш	ramin						ones	vell
45/X	DUE TO									
Conditions, if on	ry, which) (b).	an	ruerism	4	sodomul (losta			one 4	uch
gove rise to in	nmediote (1						
lying couse lost.	(c)			0						
PART II. OTH			ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIVE	EN IN PART 1	PERI	S AUTOPSY FORMED?
PART JI. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	70b. DESC	CRIBE HOW INJURY O	OCCURRE	D. (Enter noture of injury	in Port I or Po	ort II of item 18.)			
Y 20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	20d. IN While of work	Not while	20e. PL	ACE OF INJURY (Home, fi ctory, street, office bldg.,	erm. 20f. (Ci	ly or town)	(Cou	nty)	(State)
	-4 -44	d	1/100		10(7)	1405	13 105	V.		
N.	at I attended the	deceds	4		1921, 10.0	5.56				e decease
alive an_/	1 7	, 199	, and that	death	accurred at 10.					
ACTUAL	21	5	-			ADDRESS (Street, city or town,	.tore)		DATE SIGNE
SIGNATURE	Ven	WN	on		M.D					11157
PHYSICIAN'S NAME (Type)	ENRY U.	DA.	UIS M.D.		CHE	SAPO	SHICE CIT	Y MI	2	, ,
220. BURIAL, CREMATION	N, 226. DATE THEREOF		22c. NAME OF CEM	AETERY O	R CREMATORY	224: LOC	ATION (City, town, o	r county)	(SI	ote)
Burial	11/17/1	958	St. Bo	ses		Nr C	hesaneak	e Cit	v. M	Б
23. FUNERAL DIRECTOR'S		^	ADDRESS		24a. R			TRAR'S SIGNA		
Pippin Fu	neral Hom	0 /A_	012 Dec	ET L	ton. Md PATE	NOV 1 8	58 a	rthun S. 1	Traus	
I 00	TOTAL HOM	-//01	~ XXX		OOTT & LICE VIL				*	

MARCHAND STATE DEPARTMENT OF HEALTH-EALTHNORE, 18

R Comment

		-	
		0.8480	
		ALC: U.S. STATE OF	
		AC ADVIOUS AND WAR	
THE RESIDENCE OF THE PARTY OF T			
THE RESERVE OF THE PARTY OF THE			
3			
TO SECURE HEAVEN BEING NO PROGRAMMED AND A SECURE OF THE S	TO SEE OUR SAME OF LINE		
		CONTRACT NOON	
	35 N T T A		n i me control.
THE RESERVE OF STREET STREET,		Line side	
The state of the s			
Late the second of the second of			
			of times we want to
	ternien er in de		
		40971.12145	
			Differently not of
TABLE OF NAME OF PROPERTY OF THE OWNER, THE			
	make the many factor of the first hand the	and the state of t	
			A CHIEF IN A SHAPE

I

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12376

CERTIFICATE OF DEATH

Par Diet N

12385

_								Mag. DI	191. 140.		
	LACE OF DEATH COUNTY Cecil		MARYL		. USUAL RESIDENCE o. STATE Mary1		d lived. If institut b. COUNTY		ecil	e odmissi	ion)
ь	CITY OR TOWN (If outside carporate liming RURAL and give nearest tawn) 1kton	its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN	(If outside carpo	prote limits, write 1	RURAL ond	give near	rest fown)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET ADDRESS	West Ma	in St.		e	e. IS RESIDENCE ON A FARM? YES NO 2	
0		abetl		~	lost ohnson	4. DATE OF DEATH	Nov.	nth 8	Day		Yeor 19 ⁵ 8
5. S	Female White	7. MARE	RIED NEVER MARRIE		an.10, 186	5	9. AGE (In years last birthday) yrs.	Months	Doys	Hours	R 24 HRS. Min.
10a.	USUAL OCCUPATION (Give kind of work during most of warking life, even if retired HOUSEWILE	dane 10b.	KIND OF BUSINESS OF	NDUSTR	11. BIRTHPLACE (SI	ote or foreign c	ountry)		USA	WHAT	COUNTRY
13. 1	FATHER'S NAME		1-14		14. MOTHER'S MAIDE	N NAME			J		
	Daniel W. Jo	hnson	n		Olivia	walsh					
15. \	WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16.		17. INFO	DRMANT		Add	Iress			
£140,	no, or unknown) (If yes, give war or dates of s	ervice)	None	1	aniel W. F	Henry	Elkto	n, Ma	ry1a	nd.	
-	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.)									
CERTIFICATION	PART II. OTHER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GI	VEN IN PAR	RT 1(o) 19	PERFO	RMED?
L CERTIF	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter noture of injury	in Part I ar Por	t II of item 18.)				
MEDI	20c. TIME OF INJURY Month, Day, Ye Hour o. n. p. m.	While at war	k at wark	factor	OF INJURY (Home, I y, street, affice bldg.,	etc.)			County)		(State)
	21. I certify that I attended the alive an Nov. 3,1958 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	-, 12 The	and that	death a	ccurred at 5:5	O PM, from ADDRESS (S Main S	n the causes of	and on t		e state	
220.	BURIAL, CREMATION, 22b. DATE THERECORE REMOVAL (Specify) Burial 11/11/58		22c. NAME OF CEMER Elkton C			22d. LOCA E1 k 1	TION (City, town,		Mary1	(Stote	·)
23. f	FUNERAL DIRECTOR'S SIGNATURE	it	ADDRESS North East,	11-1-1-1	24a. R	EC'D BY REGIST	TRAR 24b. REGI		GNATURE		

	C General Co		
	sivising par		ATTORNEY STATE OF THE STATE OF
		2.840=10(F) 74=11	
	 o reso to the		
And the second s			
ton ber see ton		er sheet stocks	10 50 10
	O ROTTHING STREET, IN		

death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1 42		ATLAND STATE DUPA	
			The state of
	All the Larrence Server Larrence	of testpolitical	
			THE REAL
	Called that display is a second		KIN TATAFATRA
	Production to address for his		H H
	A SECTION AND A SECTION AND A SECTION AND A SECTION ASSESSMENT AND A SECTION ASSESSMENT AND A SECTION ASSESSMENT AND A SECTION ASSESSMENT ASSES	The second secon	
	to compare the committee of the committe		
		THE PARTY OF THE P	

12377 CEDTIEICATE OF DEATH 12387

P		CERTIFICA	AIL OF DEATH		Reg. Dist. No.
	1. PLACE OF DEATH COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased lived. If institution b. COUNTY	Residence before admission) Cecil
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside carporate limits, write RUI	RAL and give nearest town)
-	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION Union Hospital	oddress)	d. STREET ADDRESS	South St.	IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Middle	K Rine	4. DATE Month OF DEATH	
	Mala Wh. WIDOW		B. DATE OF BIRTH June 22, 187	74 lost birthdoy) 84 yrs.	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Signalman 13. FATHER'S NAME	Railroad	Philadely 114. MOTHER'S MAIDEN N	hia, Penna.	U, S. A.
	Frederich Klin	ne		Kelly	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) If yes, give war or dates of service)		NFORMANT CS. Alice W.		outh St.
	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS PART II. OTHER SIGNIFICANT CONDITIONS OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT			N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Doy, Year 20d. I	£-	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or tawn)	(County) (State)
/	21. I certify that I attended the decearative on No. 19. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	sed from	accurred at 7 20	M, 20, 1948, M, fram the causes an ADDRESS (Street, city or lown, st	that I last saw the deceased on the date stated above DATE SIGN
-	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BUTIA1 11-23-1958	22c. NAME OF CEMETERY O		22d. LOCATION (Cily, 10wn, or Elkton	county) (State)
-	23. FUNERAL DIRECTOR'S SIGNATURE Pinnin Funeral Home	ADDRESS Elkto	24a. REC'I	BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE

by the funeral director, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNELA DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 to like the lates of the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, or removal, and in any event within 72 houze-after death. VS A15 (4) 15M 9/S5

Li GC CANTI CONTRACTOR DE CONTRACTOR the state of the second AND THE PARTY OF T

00

0

2

FOR STATE HEALTH DEPT 13

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Poges 1, 2, and 3 to the fourzal director. Poge 4 should farworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referred for your files.

TO FUNERALDIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Signatory of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12388

	1	2378 WE	DICA	AL EXAMIN	IEK'S	CERTIFI	CAIL	: OF	DEAT	H	Reg. I	Dist. No	o.	
1.	PLACE OF DEATH o. COUNTY Cec:	11		MAR	YLAND	2. USUAL RESID	yland				Ceci.		fore adm	ission)
1	o. CITY OR TOWN III of end give negret town) Elkto		RURAL	e. LENGTH OF STATE	/ IN 16	c. CITY OR TO	OWN (If o		oorote limits	write	RURAL on	d give i	neoresi to	own)
		ing St.	not in ho	spital, give street oddre	935)	d. STREET AD	King	st.					ON	RESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Fire		Middle		Kline	4	DATE OF DEATH		Month		Doy 28	•	Yeor 19 58
5. 5	M.	6. COLOR OR RACE	7. MARR WIDOWI	NEVER MARRIED DIVORCED	-		383		9. AGE In last birthda	yrs.	Months	Doys	Hours	Min.
100	during most of working	N (Give kind of work of life, even if retired) lectrician	lone 10b.	Gilpin Fal			E (Stote or		ountry)			S.		COUNTRY
	Steve KL					14. MOTHER'S M		_	urk					
	WAS DECEASED EVE	R IN U. S. ARMED FOI If yes, give war or dales of	ervice)	SOCIAL SECURITY NO	17. IN	Mrs. Th	omas	T. K	line.	308	Kin			n, Md.
NO	Conditions, if an gove rise to immedi (a), stating the uncause tast. PART II, OTHE	ote couse inderlying DUE TO		criosclero		OT RELATED TO TI	HE TERMIN	AL DISEASI	E CONDITIO	N GIVI	EN IN PAI	Rf 1(o)	19. WAS	AUTOPSY
CERTIFICATION	20g. EXTERNAL CAUSE OF DEATH.	SE WAS TRIBUTING [] 20	DESCRI	BE HOW INJURY OCCU	RRED. (E	nter nature of inju	ry in Port 1	or Port 11	of item 18.)				PERFC YES [NO T
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yea	Whi		20e. PLA(facto	E OF INJURY (Ho ry, street, office b	me, form, ldg., etc.)	20f. (City	or town)	H	(Co	ounty)		(State)
			datural	remoins describe causes . Acci	ident [, Suicide _M.D. CHIEF MEI ASSISTANT		omicide MINER [] EXAMINE		-	Inqui rmined	mann	er 🔲	nd in my
	REMOVAL (Specify) Removal	Dec.1,1	958	22c. NAME OF CEME Union			2	Uni	non (city,	lown, o	. 7	d	(Stot	e)
	ppin Fun		e Don	ADDRESS	lkt		40. REC'D	2 '58			TRAR'S SI	C.	_	

MARYLAND STATE OFFICE OF MEALTH-SALENDER 18

	Licea	Emifyunii		l'ost
		.lcn	olif fis	Liktor
		308 Mins St.		306 King Bb.
28 5	11	films with		Con The Charles
		5-27-1:13	Carron Dayso	The second
. 4.2.	.0	:	dilpin Fall Pla	naložnoci brite
·		Levello Biline		Steve Mine
	30E Mas	Mrs. Moore T. Min.	215-02-1813	on
		colusion	ູ່ ແກ່ນ 🦸 ວ	
			rtur ceel roule	
		Mark Agreement		
20	X		and the state of the state of the	Sports with owners to be
			x	
			13,72	
0-10)[]	x		Con
			and raint fits	

	PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (IF
-	Perry Point Lyr5mos d. NAME OF HOSPITAL (If not in hospital, give street address)	19days	d. STREET ADDRESS
1	OR INSTITUTION eterans Administration Hospital		506 Ha:
	DECEASED	Middle A.	LEMKE
1	SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED	B. DATE OF BIRTH
	Male White WIDOWED DIV	VORCED [1-15-1896
1	to USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardner Unknown	NESS OR INDUS	Maryland
- 1	. FATHER'S NAME		14. MOTHER'S MAIDEN I
1	Frederick E. Lemke		Catheria
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI'	TY NO. 17. II	NFORMANT
	Yes WW-II Unknown	Hos	pital Record
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Ruptured DUE TO (c)	gastric	
2	Arteriosclerosis, generali		
2			O. (Enter nature of injury in
	20c. TIME OF INJURY Month, Day, Year Mour o. m. 19 20d. INJURY OCCURR! While Not while of work of work		ACE OF INJURY (Home, form lary, street, affice bldg., etc
/	21. I certify that affended the deceased from Mactive and Actual Signature Signature Signature Signature S. P. LACERVA 20. BUBLAL CREMATION, 122b. DATE THEREOF 122c. NAME OF	that death	occurred or 1:10A M.D. V.A. Hosp Director,
·	(REMOVAL (Specify)	F CEMETERY OF	
2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	nore Nat	240. REC
		re DeGra	201
	DERENT THE TOTAL PROPERTY OF THE PARTY OF TH	TO DOUT	TOO STREET

12397

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12389 **CERTIFICATE OF DEATH** Reg. Dist. No. here deceased lived. If institution: Residence before admission) b. COUNTY Baltimore outside corporate limits, write RURAL and give nearest lown) timore e. IS RESIDENCE ON A FARM? zlett Street YES NO TE 4. DATE OF DEATH November 1958 19 9. AGE (In years lost birthday)
62 yrs. IF UNDER I YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? or foreign country) USA NAME ne Becker Address s, VA Hospital, Perry Point, Md. INTERVAL BETWEEN ONSET AND DEATH ue to 7-10 days era. Unknown INAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES TO NO Port I or Part II of item 18.) 20f. (City or town) (County) (State) ov. 19 19 58 JAMOORGAGAGAGAGAGA ... M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED oital, Perry Point, Md. 11-20-58 Professional Services 22d LOCATION (City, town, or county) (State) Baltimore, Maryland 24b. REGISTRAR'S SIGNATURE D BY REGISTRAR Ciriling S. Frank OV 2 8 '58

FOR STATE OF STATE OF THE STATE	
The selection of the second se	
	n by tolk a boundary
	The sell of
The state of the s	
but, this is the value of the AV. there is the burner of the arministration of the	
The property of the state of th	
.e.ievin .bunt.incho. inlumen	
and the state of t	
recreek feather long, where he was a life of the	Ne Presid

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	1					keg. Dist.	No. /	
1. PLACE OF DEATH o. COUNTY	ecil	MARYLAND	2. USUAL RESIDENCE (WOOD, STATE Maryland		b. COUNTY _	Residence		ssion)
	f outside corporate limits, wr	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF					vn) /
Perry Poir		2 dome		ltimore	03)	
d. NAME OF HOSPIT	AL (If not in hospital, give st	2 days	d. STREET ADDRESS	T OTHOL 6		11-0	e. IS RE	SIDENCE
eterans Adr	inistration H	Hospital	7924 Goug	h Street				A FARM?
3. NAME OF	First	Middle	lost	4. DATE	Month		Day	Yeor
(Type or print)	SAMUEL	(NMI)	LONG	OF DEATH	Novembe:	r :	28	1958
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AC		-	EAR IF UND	
Male	White win	OOWED DIVORCED	January 11,18	89 69	yrs.	Months Do	ys Hours	Min.
Oa. USUAL OCCUPATION	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZE	N OF WHA	TCOUNTRY
Maint. Ma		Chemical Center	Maryland			US	SA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Francis			Unknown					
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		NFORMANT		Addres			
Yes	WW-I		spital Record	s, VAH.,	Perry	Point	, Md.	
	ATH [Enter only one couse p		hilatonal um	nonol mod			INTERVAL 8	ETWEEN D DEATH
	TH WAS CAUSED BY: BI	ronchopneumonia,	bitaterai un	resorved) to 7	days
420.0	DUE TO		1:4			-	and less of	11100
Conditions, if o	mmediate	rteriosclerosis,	generalized	severe	· · · · · · · · · · · · · · · · · · ·		unkno	MALT
couse (o), stoting lying couse lost.	the under- DUE TO A	rteriosclerotic .	heart disease	, severe			unkno	wn
	J (c)	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	ADITION GIVEN	J INI PART 1	(a) 19 WAS	AUTOPSY
491X					TOTAL CITY CITY CITY CITY CITY CITY CITY CITY	THE PART I	PERF	ORMED?
(IF EITHER, NOTIFY	AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of	item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	, W	Od. INJURY OCCURRED 20e. PL. /hile Not while for work 1 of work 1	ACE OF INJURY (Home, form ctory, street, office bldg., etc	n, 20f. (City or to	wn)	(Cou	inty)	(Stote)
21. I certify th	at attended the dec	ceased fram. Nov. 26	, 19.58_, to_N	ov. 28	19.58	Mounte behan	Moseow the	ordeneos
		EXXXXXX and that death						
				ADDRESS (Street,	city or town, sto	ofe)	D	ATE SIGNE
ACTUAL SIGNATURE	2130	6 les	M.D. VA HOSPI	TAL, PER	RY POIN	T, MD	. 11-	-29-58
PHYSICIAN'S E	. S. ELLS, MD	. Acting Direct	or Profession	nal Servi	ces			
220. BURIAL, CREMATIO		22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	(City, town, or	county)	(Sto	ote)
BURIAL (Specify)	12/2/58	Baltimore	National	Balti	more, M	aryla	nd	
3. FUNERAL DIRECTOR	SSIGNATURE	North Ave.&Broa	240. REC	D BY REGISTRAR	24b. REGISTI			
	CR & SONS, INC	: Baltimore Md		3 '58	ari.	v 9 4		
			The Table				Name of the last	

	CATE OF DEATH	CENTIL		
			30.560	
				4
		20 Jan 1441		
	Later and California	TOTAL STATE		
Security 180 and Security		- 482 - 40 h		
		100 3		
Parties and Artist	ATT ACTION OF THE PARTY OF THE			
	THE THE STATE OF			

關

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12399

CERTIFICATE OF DEATH

12391

							Reg. Dist	1. No. 9	0
1. PLACE OF DEATH		MARYLA		2. USUAL RESIDENCE (V	Vhere decease	d lived. If institut		e before od	Imission)
Cecil		122		Virginia			pender		
b. CITY OR TOWN (If outside RURAL and give nearest to		c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN (II	f outside corpo	prote limits, write I	URAL ond gi	ve nearest	town)
Perry Point		2mos. 200	ia.	Alexandr	ia	8	3 x.	3	
d. NAME OF HOSPITAL (If n OR INSTITUTION				d. STREET ADDRESS				0	RESIDENCE N A FARM?
Veterans Adm	inistration	Hospital	- 11	305 E. M		l'e,		YE	S NO NO
3. NAME OF DECEASED (Type or print)	First GEORGE	Middle S.e		Lost MERO	4. DATE OF DEATH	Nov		Doy 22.	Yeor 19 58
5. SEX 6. CO	LOR OR RACE 7. MA	RRIED NEVER MARRIED	[X] B.	DATE OF BIRTH		9. AGE (In years	IF UNDER T		NDER 24 HRS.
Male W	hite woo	WED DIVORCED		3-27-92		lost birthdoy) 66 yrs.	Months [Days Ho	urs Min,
TDa. USUAL OCCUPATION (Giv	e kind of work done 10	. KIND OF BUSINESS OR	INDUSTR	RY 11. BIRTHPLACE (Sto	te or foreign o	ountry)	12. CITIZ	ZEN OF W	HAT COUNTRY?
Carpenter	, even in remour	Unknown		Alexandr	ia. Va		U.S	S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
Collyer Mero				Elizabet	h Pett:	it			
15. WAS DECEASED EVER IN U.	S. ARMED FORCES? 1.	S. SOCIAL SECURITY NO.	17. INF	ORMANT	e	Add	lress		
Yes Wil	we wor or during or tervice!	Unknown	Hos	pital Recor	ds, VA	H, Perry	Point	, Md.	
	nter only one couse per S CAUSED BY: BY DIATE CAUSE (o)	ine for (o), (b), and (c).] on chopneumon	ia,	right lower	r lobe,	unresolv	ed	INTERVA ONSET	LO 2 DAY
Conditions, if ony, wh gove rise to immedicouse (o), stoting the und lying couse lost.	ote (b) to	rcinoma of to the lung, l	he u	rinary black, mesenter	dder wi	ith metas	tasis bone	Unkr	nown
Arterioscl	erosis, gen	contributing to DEAT	H BUT N	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PART	PE	AS AUTOPSY ERFORMED?
20a. ACCIDENT WAS UNDI OR CONTRIBUTING CAN (IF EITHER, NOTIFY MEDICAL	ERLYING 20b. DI USE OF DEATH AL EXAMINER)	SCRIBE HOW INJURY OCC	CURRED.	(Enter noture of injury i	n Port I or Pa	t II of item 18.)			
20c. TIME OF INJURY Mor Hour o. m. p. m. VA	Whi		0e. PLAC focto	E OF INJURY (Home, fory, street, office bldg., e	rm, 20f. (Cit	y or town)	(Co	ounty)	(Stote)
21. I certify that Xa	ttended the deced	sed from 9-2-		19 58 ta	11-22	- 19 58	ACAPPER.	XXXXXX	
ACTUAL SIGNATURE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		leath c	accurred at 9:4	ADDRESS (S		and an th	e date s	tated abave
PHYSICIAN'S RAME (Type) R	. Burke Su	itt		Acting D	irecto	r.Profes	giona	l_Ser	vices.
220. BURIAL, CREMATION, 226 REMOVAL (Specify) Removal	11/24/58	22c. NAME OF CEMEN	ERY OR	CREMATORY		JON (City, town,			(State)
23. FUNERAL DIRECTOR'S SIGN PENN INCTON	AFURE SON L	ADDRESS			C'D BY REGIS		strar's sig		

VS A1S (4) 15M 10/57

		OFFIT OFFI	
Control of the second			THE RESERVE OF THE PARTY OF THE
, , ,			E 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	10 Jakes Links		
	and the right salms.		
	promise visce		
		CALL SHEET SHEET	
			The state of the s
		and the same of the same of	
	at the Oak of The second		
	The state of the s		
and the same of th	AND DESCRIPTION OF THE PARTY OF		grand of the second

FOR STATE HEALTH DEPT.

UTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please to the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the functal director. Page forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Starr, loard of Health, designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs ofter death.

12

TO DEP execu 4 sho TO FUN	
VS. A15ME 5M 2/57	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12400 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased lived. If instit	ution: Residence before admission)
o. COUNTY Ce.C	il	MARYLAND	o. STATE Me	aryland b. coun	TY /
b. CITY OR TOWN III a	ulside corporate limits, write RUI	c. LENGTH OF STAY IN 16		(If outside corporate limits, write	
and give nearest town)	Point	13 days	Re	altimore(20)	735119
		it in hospital, give street address)	d. STREET ADDRESS		le. IS RESIDENCE
	ministratio		10 E	T	ON A FARM?
	First	Middle Middle	lost	oxglove Lane	1 3 3
3. NAME OF DECEASED (Type or print)			or the second delication	OF	
S. SEX	WALTH		MILLER B. DATE OF BIRTH	9. AGE (In years	ber 24 19 58
Transfer State			. DATE OF BIRTH	(ost birthday)	Months Days Hours Min.
Male	MILTOG	IDOWED DIVORCED	5-2-19	1 39 yrs.	
during most of working	life, even if refired)	106. KIND OF BUSINESS OR INDUS	IKY 11. BIRTHPLACE (SI	ote or foreign country)	12. CITIZEN OF WHAT COUNTRY
Labore	r	Sww Mill		arolina	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	N NAME	
Joh	n Miller (Deceased)	Stella	Pruitt	
	IN U. S. ARMED FORCE		NFORMANT	Addres	
Yes	WW II		ospital Rec	ords, VAH, Pe	rry Point Md
IB. CAUSE OF DEATI	Enter only one couse p	per line for (o), (b), and (c).]			INTERVAL RETWEEN
	WAS CAUSED BY:	Second, third &	Founth doe	maa humuu aaaa	ONSET AND DEATH
916.0	MMEDIATE CAUSE (a)	80% of the body	rouren des	ree ourns ove	-
	DUE TO	oop of the body			
Conditions, if on gove rise to immedi	ole couse				
(a), stating the ut	derlying DUE TO				
couse lost.) (c)	ONE CONTRIBUTION TO DEATH BUT	NOT BELLIEF TO THE TO		
PARI II. OTHE	K SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT	NOT KEENTED TO THE TEL	KMINAL DISEASE CONDITION GI	VEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
3					YES C NO
PART II. OTHE	RIBUTING []	PESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in I	Part I or Part II of item 18.)	
20c. TIME OF INJURY	Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fo	orm, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY 10:30 p.m.	10 70 EQ	While Not while fac	lory, street, office bldg.,	efc.)	Harford
	10-30-589	of work of work	Home	Belair R.	D. Maryland
		the remains described obd		psy [X], Inspection [X]	, Inquiry 13, and in my
opinion death	esulted fram: Nat	turol causes . Accident	X, Suicide ,	Hamicide, Undet	ermined monner
(/)	1,10.				DATE FLORIES
	und	and and	_M.D. CHIEF MEDICAL	EXAMINER [DATE SIGNED
SIGNATURE			ASSISTANT MED	DICAL EXAMINER	
SIGNATURE					
	R. C. DOD	SON	DEPUTY MEDICA	AL EXAMINER 🔁	11-25-58
EXAMINER'S NAME (Type) 220. BURIAL, CREMATION		SON 22c. NAME OF CEMETERY OF		AL EXAMINER 2	11-25-58 or county) (Stole)
EXAMINER'S NAME (Type) 220. BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, Iown,	or county) (Stole)
SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL, CREMATION	11-26-58		CREMATORY & TM	22d. LOCATION (City, Iown, Laurel Spri	

	Adentifier's cretifica	-	
		CHICAGO AND	
	Lines S Like		
		politica de la mov	
A Line Committee Com	6 1 2 4 1		
		A PERSONAL PROPERTY.	
		THE LABOR.	
	CILL SE AND		
		4 .	
		3(-1)-1	
The second property of the second sec			

this this

registrar within 72 hours after death. After by the funeral director, the third copy of

.S Pell

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed we certificate has been executed by the attending physician and completely lift death certificate assembly should be detached for use as a burial transit permit

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2. USUAL RESIDENCE (HOME)

12393

CERTIFICATE OF DEATH 12401

	Reg. Dist. No						
OF DECEASED							
DUNTY Ceci RURAL end give need it Rural	1 est town)						
rural give location)							
(Month)	(Day)	(Yeer					
rH 11 -1	7-58	3 19					
hday IF UNDER		IF UNDER 2					
yrs. Months	Deys	Hours	Min.				
12.	COUNT	OF WHA	T				
	vi d.						
, Port D							
		VAL BETW					
1 1	1	021	03				
chal -		4					

Son

COUNTY Cecil	MARYLAND	STATE Maryle		
CITY (H outside corporate limits, write RURAL OR end give naerest town) TOWN Port Dep osit Rural	(In this pleca) 32 Vr.	00	ote limits, write RURAL end give no Deposit Rura	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(Il rural give location	1)
3. NAME OF (First) DECEASED (Type or Print) Richard	Monte	(Lost) COMETY	4. DATE (Month) OF DEATH 11 -	(Dey) (Yeer) -17-58 19
5. SEX 6. COLOR OR 7. SINGLE, MARRIN WIDOWED, DIV (Spacify) W10	ORCED.	F BIRTH 9	75 yrs. IF UND	ER 1 YEAR IF UNDER 24 HRS.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR	D OF BUSINESS INDUSTRY	11. BIRTHPLACE (State or foreign South Caro		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Robert Montgomery		Unknown		
	SOCIAL SECURITY NO.	17. INFORMANT & AI	DDRESS	M d.
(Yas, no or unk.) (If Yas, give wer or deles of service)	6-09-6219	Beatrice W	alker, Port	Deposit RD
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4 2 2 / IMMEDIATE CAUSE (A)	Arterio	- ACCURA	sois-	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		Jenoval -8	Gerelial	
TO THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Monic	Myoca	rdels.	10400
198. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION	//		YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR	? (City or town) (Co	ounty) (State)
Whil		21f. HOW DID INJURY OCCUR		
SIGNATURE POTAL	that depth occurred at.	POET	uses and on the date sta	11-17.58
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 23. DATE THEREOF	NAME OF CEMETERY OR	The state of the state of	Port Depos	
Burial 11/19/58	Baptist Ce	Metery	h	it, Md. RD
DATE NOV 1 9 '58 Continua S. Trava		see walle		ville, Md.
DATE		Too A Dath		

HEARD TO STADISTICATE OF DEATH I seller all the all the all DEBME. Robert Lonthones Bustafice Valler, Port Ventull LL Million - Alban Salah the state of the state of the African Court Provided the State of the West Despise Tito

BEET WAREN

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shavid be executed within 24 hours after death. If any delay is necessory, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 shauld flowworded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the St. Coard of Health, or its designated agent, priar to burial, cremation, ar removal, and in any event within 72 hours after death.

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12394

	1	7919 WE	DICA	L EXAMINER	'S CE	RTIFICA	ATE OF	DEATH	Reg. I	Dist. No		
1, 1	PLACE OF DEATH				2. USL	JAL RESIDENCE	(Where deceos	ed lived. If institu	tion: Resid	dence bel	ore odm	ission)
-	o. COUNTY Ceci	1		MARYLAND	0.5	Maryla	and	b. COUNT	Ceci	1		
Ŀ	ond give negrest town)	sulside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. (ITY OR TOWN	(If outside corp	porate limits, write	RURAL of	d give n	eorest to	wn)
	Elkte	179		all life	21	Elkton						
(If not in hos	pital, give street address)		TREET ADDRES	S					ESIDENCE
	Singerl	Tr Pond			Cin	gerly R	leadi.					A FARM?
3.	NAME OF	Fir	st	Middle	TIO TH	ROTTA TI	4. DATE	Manth		Doy	-	ear
	DECEASED (Type or print)	~			3/		OF	11	7	207		9 58
5. 5		CUPTIS		Edward D NEVER MARRIED	8. DATE O	OOTE:		9. AGE (In years	IF UNDE	PIVEAR		ER 24 HRS
J		V. COLOR OR RACE				- 001		lost birthday)	Months	Doys	Hours	Min.
	M	W	WIDOWED		The second second	1884		7B/_ yrs.				
10a	. USUAL OCCUPATION during most of working	N (Give kind of work)	done 10b. K	IND OF BUSINESS OR INDU	STRY 11. 8	BIRTHPLACE (SI	ate or foreign o	country) /	12. CI	TIZEN O	WHAT	COUNTRY
	Retired Ja			hool		Md.			U.	S.A.		
13.	FATHER'S NAME				14. MO	THER'S MAIDE	N NAME					
	Therado	re W. Moor	na:		A	nnie Mo	T. Farmon					
	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMA		DONOTE.	Address				
1100	no, er unknown)	(It yes, give war or dates of	20TVICE)	18-05-79/1	Raln	h E. Mc	ore. El	kton, Md				
		H [Enter only one cou	se per line l	for (o), (b), and (c),]				aroung jun	-	INTER	VAL BETW	EEN
	PART I. DEATE	WAS CAUSED BY:	-	TO THE REAL PROPERTY.	200					ONSE	T AND DE	ATH
	971	MMEDIATE CAUSE (a)	Sh	ot gun wound	left_	side of	chest					
	1/6X	DUE TO										
	Conditions, if on gove rise to immedi											
	(a), stoting the u	OVER YOU										
	couse lost.) (c))									
CERTIFICATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELA	TED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PA		PERFC	RMED?
2	On CALCULATION COLUMN										res 🔲	NO
RTIF	PRIMARIME or CON CAUSE OF DEATH.	TRIBUTING 20	b. DESCRIBE	HOW INJURY OCCURRED.	(Enter note	re of injury in I	Port I or Part II	of item 18.)				
	CAUSE OF DEATH.	I		shot gun to					220			
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Yes		- 1	ACE OF IN	NJURY (Home, fi	orm, i 20f. (City	or town)	(Ce	ounty)		(State)
MED	6 p. m.	115 195	8 of wo	Not while of wark				kton	Cec	il		Md.
	21. I certify the	at I toak charge	af the r	emoins described ob	ove, he	ld an Auto	psy , li	nspectian 🗐,	Inqui	гу 🛣	, an	d in my
	oninion death	esulted from: 1	Natural c	auses , Accident		Suicide .	Hamicide				protecting	,
	opinion death i	11/1		a discontinu	L1, '	Joicide Lab	riamicioc		milled	monnie	البا "	
	ACTUAL /	IN VII	X+7	relaly	71	CHIEF MEDICAL	EXAMINER				DATE S	IGNED
	SIGNATURE	COU			M.U.							
	EXAMINER'S						DICAL EXAMINE					
		C.Dodson					AL EXAMINER		11.	6-58	}	
220	REMOVAL (Specify)	226. DATE THEREC	OF C	22c. NAME OF CEMETERY C	P CREMAT	ORY	22d. LOCA	TION (City, town,	or county)		(Stot	•)
	Burial	4/00 8/	7587	cherry y.	w	am	Cel	sion			ma	//
23.	FUNERAL DIRECTOR'S	SIGNATURE	100	ADDRESS!	1	240. R	EC'D BY REGIST	RAR 24b. REGIS	TRAR'S S	GNATÚ	E	
1	4. Coan	Jys	Dri 1	groung V.	uni	MO DATE	OV 1 0 '58	3 Last	1 g	Henry		

VS. A15ME 5M 2/57

				• •
J. o. C		1. 7. 1.21		£i b=C
		ro/:	in nat	10
		no. y.Free also		o fari
		="00	Printed Tourist	JL " JC
	72	116-1111	The state of the s	W. Landson
A d ts		.51	Ico of	rodino lite
	£."	no im	9	
	the statement .	Balan E. Moore	27 - 7-48: 7	or
			Eduat Des cons	
			Los choise, be	
<u> </u>				
		TC		
11-1-12	X			r>>) .C
				I-len.

After this

registrar within 72 hours after death. by the funeral director, the third cop

i the

TO FUNERAL DIRECTOR: The law requires that the death certificate be fit certificate has been executed by the attending physician and complete death certificate assembly should be detached for use as a burial transit

€opy

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 1 FilmG236 12-8-58 et

12395

12402 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Cecil MARYLAND	STATE Delaware county New Castle
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN	OR TOWN MIST THE TOWN
HOSPITAL OR "Died of home"	STREET (If rurel give location)
INSTITUTION OR	ADDRESS (II rurel give locetion)
STREET ADDRESS Near Rising Sun	425 Geddes Street
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) GOECTAR W	ew comb DEATH 11 27 1958
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	
RACE WIDOWED, DIVORCED,	Months Deys Hours Min.
Male White (Specify) Widowed June	23, 1869 89 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
RetTred Shipping Clerk	New Jersey 6.5.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Newsamb	Phoebe Sheppard
Charles Newcomb IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	
(Yes, no, or unk.) (If Yes, give wer or detes of service)	"Mrs." John Kirk, 425 Geddes St.,
	Wilmington, Delaware
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN
	ONSET AND DEATH
420.0 IMMEDIATE CAUSE (A) NI YO COY J	101 LoTarclion 2days
ANTECEDENT CAUSE(S) DUE TO	1 1 1
DISEASES OR CONDITIONS, IF ANY, (B) TY CYTOSCIPY GIVING RISE TO THE ABOVE CAUSE	plic hear discore 10 x1-7.
STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
OF ACCIDENT WAS INDERLYING TO LOW ON ASSET	YES NO V
216. ACCIDENT WAS UNDERLYING ☐ 216. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	21f. HOW DID INJURY OCCUR?
M, et work at work	
22. I hereby ceftify that I attended the deceased from 11/ 920	1058 10 1107 1058 1111
And I lies by Colony lital I alleined the deceased from the	19 3. to 19 3. that I last saw the deceased
alive on	
SIGNAL ONE	ADDRESS (Street, city, town, stete) DATE SIGNED
M.D.	163mg Sun, 110, 11271)
23. BURIAL, CREMATION, DATE THEREOS NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (State)
	Memorial Pk. Farnhurst, Delaware
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE DEC 2'58 CITTURE & AC.	Albert J. McCrery! 2700 Washington

SP. BROANTIAGE NEED THE METATER OF STATE ON A FEATH SERSCERTIFICATE OF DEATH THE WAR OF THE AND MACH THE FARTER AND COMPANY OF THE PARTY The interest of the Average of the

executed within 24 haurs after death. Page 4

law requires that the death certificate be

completely filled papers. Pages 17

the attending physician and con Then please remove carbon pap vent within 72 hours after death.

detached for use as the burial-transit

certificate

After this

HRECTOR:

remavai

to burial.

prior

the registrar

page 3 shou

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12403

CERTIFICATE OF DEATH

Reg. Dist. No.

1	o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE Maryland	d. If institution: Residence before odmission) b. COUNTY Calvert
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate is	mits, write RURAL and give nearest town)
	Perry Point	1 mo. 18 day	vs Dunkirk	04x-2
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	et oddress)	d. STREET ADDRESS	e, IS RESIDENC ON A FARM
	77 4 4 4 7 4 7 4 4 4 4	TT A 4 TO	11	l was feet and

				Water and	ada di la			-		
OR INSTITUTION				d. STREET ADDRESS			170			FARM?
Veterans 3. NAME OF	Administr		Ospital Middle	1	4. DATE				Ti)	NO [
DECEASED (Type or print)		SEPH	Middle	PARKER	OF DEATH	Novemb		Do	'	9 58
5. SEX	6. COLOR OR RACE	1	NEVER MARRIED DIVORCED	8. DATE OF BIRTH May 14, 188	9	9. AGE (In years law birthday)	IF UNDE	R I YEAR Doys		
during most of w	orking life, even if retired	done 10b. KIND	OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stole		ountry)	He		F WHAT	COUNTRY
Farm 13. FATHER'S NAME	er	Far	rming	Maryland	14115		U	SA		
13. PATREK S NAME	Un	known		Unknown						
15. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FOR	ervice) 2/3	-22-0427	nFORMANT	rds.	VAH. Per		oini	. Me	a de
	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Meta	(o), (b), and (c).]	ccinoma of th		Pilotto.		INTE	unkn	TWEEN DEATH
Conditions, if gove rise to couse (a), stotin lying couse los	g the under-	Empy	ema, right	nia, bilatera t tic hypertro					unkn unkn	lown
PART II. C				NOT RELATED TO THE TERMI		SE CONDITION GIV	EN IN PA		9. WAS A	AUTOPSY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Year 20d. INJURY OCCURRED While Not while of work of work

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

20f. (City or town)

(County) (Stote)

21. I certify that attended the deceased from Sept. 17 ... 1958 to November 4, 1958 dian x xxxxxxxxxxxxxxx

XXXXX and that death accurred at ______M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL

DATE

PHYSICIAN'S NAME (Type) Acting Director, Professional services W. M. HARRIS 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22d. LOCATION (City, town, or county) REMOVAL (Specify)

V.A. Hospital, Perry Point. Md

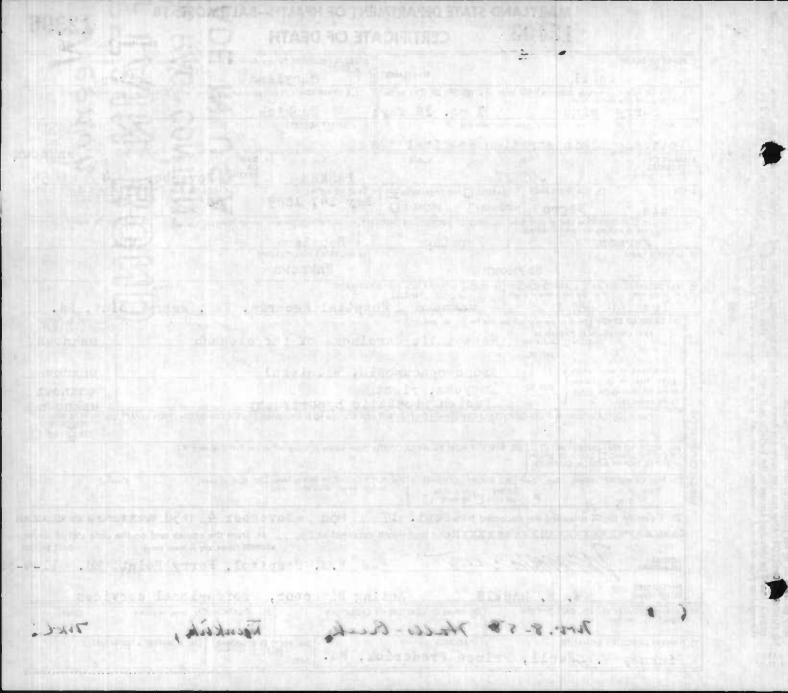
(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

246 REGISTRAR'S SIGNATURELA 240. REC'D BY REGISTRAR

Pinkney E. Sewell, Prince Frederick, Md.

TO HOSPITAL TO FUNER VS A15 (4) 15M 10/57



MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

12404 **CERTIFICATE OF DEATH**

Reg. Dist. No. 12397

1. PLACE OF DEATH o. COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Nd e b. COUNTY Cecil
b. CITY OR TOWN (If outside corporate limits, write RURAL and give agorest town) Conowing Rural 20 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X CONOWINGO, Rural
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Margaret Catherine	Patrick 4. DATE OF DEATH 11/ Month 25/ 19 58
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 6/20/1879 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE OWN HOME	STRY 11. BIRTHPLACE (State or foreign country) Hemlock, N.C. 12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Calvin Graybeal	Polly Jones
(Yes, no or unknown) . (If yes give was as dates of service)	Mormant Address Emmit Patrick Nottingham, Penn. R.F.D.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] 3 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), storting the under-lying couse lost. (c)	Soleman
, ,	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO N
	D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Yeor Hour o. m. 19 of work of	ACE OF INJURY (Home, form, ctory, streef, office bidg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from alive on 12 12 12, and that death ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	occurred at
220. BURIAL, CREMATION, 1926. DATE THEREOF 22c. NAME OF CEMETERY C	
234 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATEDEC 1 '58 Carthur 2. Trans

VS A1S (4) 15M 9/SS

	HIARD TO BEATH		
		erton.	
		Mar 33	ę
, , ,	Renlech, L.J.		Marie Allegan
			tribia states
Lan Lieus de	manifor melcins class		
			AT NO.
	en de la companya de		
	and the state of the state of	numo vilkale. Nele stational (SES)	
		nut yellala	

VS A15 (4) 15M 10/57

		MA	RYLAND STA	TE DEPARTM	ENT OF HEALTH—BALTIMORE,	18
			12405	CERTIFICA	ATE OF DEATH	R
1	1. PLACE OF DEATH o. COUNTY	a 13		MARYIAND	2. USUAL RESIDENCE (Where deceased lived. If institution STATE b. COUNT	

12398

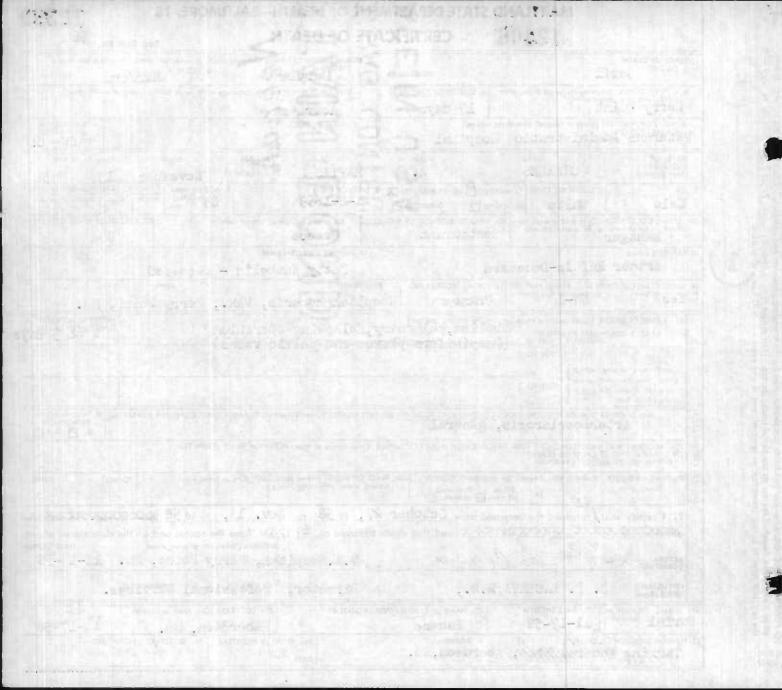
Reg. Dist. No. 96

1. PLACE OF DEATH o. COUNTY	Cecil		MARY		USUAL RESIDENCE (Vo. STATE New	Where deceased Jersey	L COUNTY			
b. CITY OR TOWN (I RURAL and give no Perry H		, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	f autside corpo	rate limits, write R	URAL and giv	e nearest t	own)
	TAL (If not in haspital, gi	ve street o			d. STREET ADDRESS	VIIIE		6/	e. IS	RESIDENCE N A FARM?
Veterans	Administra		Hospital		1008	Church	Street			nkrow
3. NAME OF DECEASED (Type or print)	First CH A	RLES	Middle H.		PORCH	4. DATE OF DEATH	Nove		Doy 12	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARRI		_	9-23-06		9. AGE (In years lost birthdoy) 52 yrs.	Months D	YEAR IF U	
10a. USUAL OCCUPATION during most of world	ON (Give kind of work di king life, even if retired)		KIND OF BUSINESS O		11. BIRTHPLACE (Sto					HAT COUNTRY
Labor 13. FATHER'S NAME	rer		unknown	1.	New Je				USA	
	Joseph	S. F	orch(dece	ased)	Sarah El	len Th	ompson			
	R IN U. S. ARMED FORCE		SOCIAL SECURITY NO	. 17. INFO	MANT		Add	ress		
Yes	WW II	1	38-10-371	le Ho	spital Re	cords,	VA Peri	ry Poi	nt, N	id.
Conditions, if o gove rise to i couse (a), stating lying couse lost.	mmediate (castases t							
OTATION OF		IIIONS C	ONTRIBOTING TO DE	ATH BOT NOT	KEEATED TO THE TEX	WINAL DISEASI	CONDITION GIV	VEN IN PAKI I	PE1	REORMED?
	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	POb. DESC	RIBE HOW INJURY O	CCURRED. (E	nter nature of injury i	in Part I ar Part	II of item 18.)			
Hour o.m.	Y Month, Day, Year	While of work		factory	OF INJURY (Home, fa street, office bldg., e	etc.)			unty)	(State)
21. I certify th	at X attended the	decease	d from Noven	ber 5	, 1958 , ta N	ovembe	r 1219 58	3, HEKKING	XXXXI	EXERCIS
ACTUAL SIGNATURE	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	RE	ewo		V.A. Hos	ADDRESS (SI	reet, city or town,	state)		DATE SIGNED
PHYSICIAN'S NAME (Type)	S. P. LA	CERV	TA	71.0.	Directo					E
220. BURIAL CREMATIO REMOVAL (Specify)		-	22c. NAME OF CEMI	EIERY OR CR	EMATORY		ION (City, town,			State)
23. FUNERAL DIRECTOR		-	ADDRESS Vre de G	race,	24o. RE	C'D BY REGIST		strar's SIGN		

10.10.4					
			and the state of		ø
50					
					d
		The same of the C			
	3 -15-				
				TOTOLNI	
	Sareth Physic Phonoscon		all Intern		
			36.15		
The Carlos of the	and the comment depletes	A CHESTALBELL			
	has designed benefits a				
	Enter a description of the second				
	second that WE USED byttees				
	Complete Complete Co. V. i				
	COLUMN TO LEAD TO THE PARTY OF				
				100	
				ANTORES SOL	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	TE OF	EATL							JUU.
	ATE OF E	EAIL			Reg	. Dist. I	No.	96	
	2. USUAL RESI	DENCE (Wh	ere deceose	d lived. If institut		sidence b	efore	odmiss	ion)
D	Ne STATE	rylan	d	b. COUNTY	Ha	rfor	d		
Ь	c. CITY OR	TOWN (If o	utside corpo	prote limits, write	RURAL	ond give	neore	est town)
	Abe	erdeen		12:	31.	2			V
	d. STREET A	DDRESS						ON A	IDENCE FARM? NO
	Los	ıt	4. DATE	Mo	nth		Day	,	Yeor
	RAFTIS	3	OF DEATH	Nove	mbe	p .	13.		19 58
X	B. DATE OF BIRT						-43		R 24 HR5.
	1-2-18	193		9. AGE (In years	Mon	ths Day	15	Hours	Min.
IDU:	STRY 11. BIRTHPE	ACE (Stote	or foreign c	ountry)	12	. CITIZEN	I OF	WHAT	COUNTRY
	Gre	есе				I	JSA		
	14. MOTHER'S	MAIDEN N	IAME						
	Patt	v Kam	belia	- Decea	hae		-		
7. 1	NFORMANT	9	20113		dress			200	
lo	spital R	econd	e WAI	H., Perr		atma	3.0		
	-P	.000.0	3, VA	16, 1011	y 1 (_		TIMEEN
ar	y,follow	ing o	perati	ion		C	NSE	TAND	TWEEN DEATH
	xus and						~) Oal
BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN	PART I(o	19.	WAS /	AUTOPSY RMED?
							,		NO 🗌
RREI	D. (Enter noture o	f injury in f	ort I or Por	t II of item 18.)				1	
PL	ACE OF INJURY (story, street, office	Home, form bldg., etc.	20f. (City	or town)		(Coun	ty)	-40	(Stote)
	707 50	7.7	1 30) 9	•	a Land			
- 4	2/1, 19 58	, to N	ov. L	19 58	5,00	PPUD	Q _G _C	SAKS:	86660166
ath	occurred at			n the causes		in the	date	state	ed above
				treet, city or town,					TE SIGNED
	M.D. V.A.H	ospita	al, Pe	erry Poin	it,	Md.	1	1-1	3-58
	Direc	tor, 1	Profes	ssional S	Serv	rices			
00	R CREMATORY		22d. LOCA	TION (City, town,	Or com	ntv)		(Stote	e)
				rdeen. Mo		,,	1		7-58
		24g, REC'I		RAR 24b. REG		S SIGNA	-		1-70
			V 1 9 1					4	



	The second second		
Maria Carlos Car			
	12 seem to a	Street The base of St	
	STREET WITH STREET		
		Hall Hall	
Table . Dather . Trees			
S. A., Spot of Lat. 127, Append Later	ech Canadana		
		400	
entransis in the second se			
PROPERTY AND AND A VERSION OF SERVICE			
In the last of the branch of the business			
(-45 - Miller of text and the state of the second			
Illiandend Cambanolots , cheytha	school (Copyrigh		
ALTERNATION OF ENGINEER PROPERTY OF THE PROPER	Approximate and the second sec	Colon Village	

by the funeral director, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 19200

CERTIFICATE OF DEATH

12401

	16000 CERTIFIC	AIL OF BLAIN	Reg. Dist. No.
1	1. PLACE OF DEATH o. COUNTY Ceci 1 MARYLAND	2. USUAL RESIDENCE (Where deceased in o. STATE	ived. If institution: Residence before admission) b, COUNTY
/	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 4 4 5 10 15	c. CITY OR TOWN (If outside corporal XELALON	Re limits, write RURAL and give nearest town)
-	d. NAME OF HOSPITAL (If not in hospital, give street address) OR JUSTITUTION AND ADATA	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Robert Middle	Roberts 4. DATE OF DEATH	Nov. 18 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years lost birthday) AGE (In years lost birthday)
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOPE Nat Gas	-/ / / / / /	12. CITIZEN OF WHAT COUNTRY?
	1) FATHER'S NAME Robert Roberts	14. MOTHER'S MAIDEN NAME UN KNOW	N
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, ng. or unknown) (If yes, give wor or dates of service) 232-03-0156 //	INFORMANT Robert Ro	berts ELAton, Md
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO	-80	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse (o), stoting the under-lying cause lost. (b) At cutle Certain Court Certain Court Certain Cert	1090	
0	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IT NOT RELATED TO THE TERMINAL DISEASE O	CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		ED. (Enter nature of injury in Port I or Port II	of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P While Not while 19 19 19 19 19 19 19 1	PLACE OF INJURY (Home, farm, 20f. (City of octory, street, office bldg., etc.)	r tawn) (Caunty) (State)
1	21. I certify that I altended the deceased from Synand alive on 18 Minanture, 1958, and that death actual signature PHYSICIAN'S George J. Kreis Jr	h occurred of 9.40AM, fram M.D. SOCIETY	the causes and an the date stated abave. ODATE SIGNED
	220. BURIAL, CREMATION, REMOVAL (Specify) 11/21/58 ELXTON	em ELK	ON (City, town, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE J. Walter du Bon, Jr, Elleton M	240. REC'D BY REGISTRA DNEV 2 5 '58	Calua S. Kraus

TO FUNER TOIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 July be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

DEPOLATED PORTER SECURITY OF AN EXCHANGE OF SOME AND

M

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12408

CERTIFICATE OF DEATH

	103.10				Reg. Dist.	. No. 96				
1. PLACE OF DEATH	cil	MARYLAND	2. USUAL RESIDENCE (W		f institution: Residence	before admission)				
			Dela	ware	2001411					
b. CITY OR TOWN (If out RURAL and give neares	side carporote limits, write t town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limit	, write RURAL and give	ve nearest tawn)				
Perry Poi	nt	byrs. 4mo. 6day	10	ington	4-6 X-	3				
OR INSTITUTION	If not in hospital, give street		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?				
Veterans Adm	inistration	Hospital	1514	Scyamore :	Street	YES NO				
3. NAME OF DECEASED (Type or print)	First EDWARD	Middle	SAYERS	4. DATE OF DEATH N	Month	Day Yeor 21 19 58				
5. SEX 6.			B. DATE OF BIRTH	9. AGE (In years IF UNDER!	YEAR IF UNDER 24 HRS				
	White WIDOW		10-18-89	lost bi	ath days	Pays Hours Min.				
0a. USUAL OCCUPATION (Give kind of work done 10h	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)		EN OF WHAT COUNTR				
Chief Petty	lite, even it retired)	tired) Navy	Delawar		US					
3. FATHER'S NAME	<u> </u>		14. MOTHER'S MAIDEN							
	Joseph Say	ers (Deceased	Agnes ((?) (Dece	ased)					
S. WAS DECEASED EVER IN	U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT		Address					
Yes	, give wor or dates of service)		spital Recor	rds, VAH,	Perry Poi	nt, Md.				
	[Enter only one cause per li	ine for (o), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH V	MEDIATE CAUSE (0) Bro	onchopneumonia	, bilateral	, unresolv	red	unknown				
420.0										
Conditions, if any,		teriosclerotic	heart dise	ase		unknown				
gave rise to imme										
lying cause last.	(c)				4.					
PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART !	(a) 19. WAS AUTOPSY PERFORMED?				
	Arter	ciosclerosis,	generalized	, moderate	ly severe	YES NO				
OR CONTRIBUTING CO	AUSE OF DEATH I	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af iten	18.)					
20c. TIME OF INJURY N Hour o. m.	lanth, Day, Year 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	, 20f. (City or town)	(Co	unty) (State)				
Hour o.m.	19 While	Not while too	tary, street, affice bldg., etc	-)						
V	ottended the deceas	sed from July 15	10 52 to N	ovember 21	10 58 12000	CK NOW A NOV AND A NOVAN				
		CXXXX and that death	17.2, 10_103	TATEMPET TY	-1729,TN&INIA	ev-an-walleveli-coditi				
Turk was as a	1 to a	and their deem		ADDRESS (Street, city		dote stoted obov				
ACTUAL	1 The	lewa								
SIGNATURE			M.D. V.A. Hosp	ital, Peri	y Point,	Md.11-21-5				
PHYSICIAN'S NAME (Type)	S. P. LACERY	/A	Director	Professi	onal Serv	rices				
220 BURNAS CREMATION, 2 REMOVAL (Specify)	226. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City		(State)				
	11/2-1158	Cathedra	al	Wilming	ton, Dela	ware				
23. FUNERAL DIRECTOR'S SIG		ADDRESS	240. REC*	D BY REGISTRAR 24	b. REGISTRAR'S SIGN					
Penningte	on & Son, Ha	avre de Grace	, Md. DATE NO	V 2 8 '58	arthur 2. 7	Const				

A CONTROL OF THE PROPERTY OF T			SCATE OF BE			
TO THE TOTAL TO TH						local B
The state of the s						A LAND BOOK
ATTURNED TO THE PROPERTY OF TH						
The state of the s						
The state of the s						
The second secon				Filtre asi		
The service of the se						
The property of the property o					2 200 3	SE VERSE WALL
		(finalite out in 155)				
The state of the s	Bellevier	Secret S. Lav. Common	an in treat			
		not a second of	NE 842 - U.2			
District And Civic Co. Service						
District Control of the Control of t						
The state of the s						
The state of the s						
					Short or last	
			C to remain the			
	ens g y	Colon of Andre	H. P. Thry	7.012.22		
The standard of the standard o						· Half-on

oord of Health. Page AMINER: This certificate shourd be executed writing the word "pending" in pencil is Item 18. Give Pages 1, 2, and 3 to the fun to the Chief Medical Examiner's Office along with form PM3. Page 5 may be related to the Chief Medical Examiner's Office along with form Pages 1 and 2 with the 51 Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 51 Page 3 should be used as a burial-transit and in any exent within 72 hours after dea ond 3 to the fun certificate should be executed within 24 hours after death. MEDICAL EXAMINER: This 4 should lorwarded TO FUNERAL DIRECTOR: designated

C

HEALTH DEPT.

MAF 12381

Cecil b. CITY OR TOWN III autside carporate limi

Union Hod

Her 6. COLOR OR I

Col

d. NAME OF HOSPITAL OR INSTITUTION

PLACE OF DEATH

o. COUNTY

NAME OF DECEASED

5. SEX

(Type or print)

MARYLAND	2. USUAL RESIDENCE (V		ed lived. If institu b. COUNT	tion: Resid	dence bel eci.	ore odini:	ision)
c. LENGTH OF STAY IN 16 azzz 5 h	c. CITY OR TOWN (IF		porote limits, write	RURAL on	id give n	eorest tov	vn)
on (If not in hospitot, give street oddress)	d. STREET ADDRESS 121 Colli	ins S	t.				SIDENCE A FARM? NO
First Middle Man E S	Scott	4. DATE OF DEATH	Month	1	Bak	Y.	58
ACE 7- MARRIED NEVER MARRIED 8. WIDOWED DIVORCED	11-25-189	96	9. AGE (In years lost biphday) O yrs.	Months	R 1YEAR Days	Hours	R 24 HRS. Min.
work done 10b. KIND OF BUSINESS OR INDUSTR		or foreign c	ountry)	12. CI1	U.S		COUNTRY?
tt	Mollie I		S				
D FORCES? 16. SOCIAL SECURITY NO. 17. IN 212-12-7944 T	FORMANT Jayatt Scot	tt Mi	Address ddletow	n, D	el.		
e couse per line for (o), (b), and (c).] BY: SE (o) Cerebral Hemmo					INTER	YAL BETWE	in in
E TO (b)							
E TO (c)							
CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAI		PERFO	
20b DESCRIBE HOW INJURY OCCURRED. (Er			*	15			
y, Yeor 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form ry, street, office bldg., etc.	1. 20f. (City	or lown)	(Co	ounty)		(Stote)

10a. USUAL OCCUPATION (Give kind of during most of working life 13. FATHER'S NAME William Sco 15. WAS DECEASED EVER IN U. S. ARME 18. CAUSE OF DEATH [Enter only or PART I. DEATH WAS CAUSED IMMEDIATE CAU DH Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. PART IL OTHER SIGNIFICANT 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Do Hour o. m. at work of work Inspection 7; Inquiry 7 21. I certify that I took charge of the remains described obove, held on Autopsy , and in my Accident . Suicide . Homicide . Undetermined manner apinion death resulted from: Natural causes DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S R.C. Dodson DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) St. Thomas Cem. Glasgow, Del. ADDRESS 246. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE arthur S. Thous 909 Poplar St.,

VS. A15ME 5M 2/57

The state of the s	Carried Action of Land	MEDICAL EXAMINERS		
	The same of the sa			7.30
	ş =			
		Tricano Dunce		
				47
	ε.			
				A FREE CO
				100000
				100
				a
			THE REPORT OF THE PERSON OF TH	

-6	1
D	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12382

CERTIFICATE OF DEATH

					Keg. Dist.	140.
1. PLACE OF DEATH o. COUNTY Cecil	ARYLAND	2. USUAL RESIDENCE o. STATE Maryla		ed lived. If institut b. COUNTY		before admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF S	TAY IN 16			orate limits, write I		re nearest town)
RURAL and give nearest town) Elkton 33yr	a	2/ Elkt		- H		
d. NAME OF HOSPITAL (If not in haspital, give street address)	0 •	d. STREET ADDR				e. IS RESIDENCE
Union Hospital			North S	treet		ON A FARM? YES NO 🔀
3. NAME OF DECEASED (Type or print) Tabelle	ddle 3	layaht	4. DATE OF DEATH	No.	oth U 1	Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	ARRIED 🗌	8. DATE OF FIRTH		9. AGE (In years lost birthday)		YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVO	RCED	Nov. 15,	1885	73 yrs.		oys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	S OR INDUS	STRY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZ	EN OF WHAT COUNTRY
Housewife		Mary	land		U	.S.A.
13. FATHER'S NAME		14. MOTHER'S MAI				-
William R. Garton		Sarah	C. Per	nington		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. II	NFORMANT			Iress	
(Yes, no, or unknown) (If yes, give wor or dates of service)	Je	sse J. S	laughte	er, 502	North	St. Elkto
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and	(c).]	17/12				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)						ONSET AND DEATH
493 X DUE TO 10						
Conditions, if ony, which) (b) Phauk	LOKI	· 4.				No0.8-1
gove rise to immediate couse (a), stating the under-	30.31					
lying couse last. (c)					E-E-O	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PART I	(a) 19. WAS AUTOPSY
3 Arterinclosute He	ant	Delice	of 30	01000		YES NO 1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PART II. OTHER SIGNIFICANT CONDITIONS PART II. OTHER SIGNIFICANT CONDITIONS OR CONTRIBUTING OF CONTRI	Y OCCURRED	D. (Enter noture of inju	ury in Part I or Pa	rt II of item 18.)		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	foc	ACE OF INJURY (Hometory, street, office bld		ly or town)	(Co	unty) (State)
		V 2201	· hw 1	n of	8	
21. I certify that I attended the deceased from 101	4	19520, 10	33 700 1		2, that I la	st saw the decease
alive on 100 17 , 1268, and the	hat death	accurred at 7-	M, tra	m the causes (Street, city ar town,	and on the	date stated abov
SIGNATURE Onit Lad H. & break	la.	M.D	e 12 0	M. Street, city dr town,	STOTE)	hv.18.4
PHYSICIAN'S NAME (Type)						
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF C	CEMETERY O	R CREMATORY	22d. LOCA	ATION (City, tawn,	or county)	(State)
Bur ial Nov.20/58 Millin	gton	Cemetery	Mill	lington,	M	Id.
23. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS		240	REC'D BY REGIS		STRAR'S SIGN	IATURE
Halph & Hickel Elkt	on, A	IC .	TE NOV 2 5	58 a	rithung S. 9	Trave
		100	INUX 6 0			

	A PART
	PIC AN END OF
The state of the s	
tion of Let is 1972 to 1972 and 1972 for the second	Control of the Control
to the Control of the	
to the Control of the	

I

FOR STATE HEALTH DEPT.

MINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please thing the ward "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the functal director. Page the Chief Medical Examiner's Office along with form PM3. Page 5 may be referred for your files. age 3 should be used as a burial-transit permit. File pages 1 and 2 with the 5 Boord af Health, prior to barial, crematian, or removal, and in any event within 72 hours offer death.

A	S.L.	0	P	6
TO DEPUTY MEDICAL EXAM	6)	ed	TO FUNE & DIRECTOR: Po	900
AL	00	ord	C	-
200	411	N.	8	70
AEC	Ce	fo	õ	300
X	2			
5	9	30	1	S
E B	CO	ho	S	
0	K	44	7	-
7			7	
VS.	. A	15/	ME	
61	44 0	1/4	7	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12405

12383 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

		LACE OF DEATH				2. USUAL RE	SIDENCE (Wh	ere deceased	lived. If institu	ution: Residenc	e before	e odmission)
		Ced			MARYLAND	l live	ryland			ecil		
	b	CITY OR TOWN (11 c ond give necresi town) Elicte	outside corporale limits, writ	e RURAL	IO min.		Elkton		te limits, write	RURAL and g	ive neo	rest town)
-	d	NAME OF HOSPITA	L OR INSTITUTION (If not in hos	pital, give street address)	d. STREET					0	. IS RESIDENCE
3		Unic	n Hospita	1		1	Singer	ly Road	d			ON A FARM?
	3	IAME OF PECEASED Type or print)	Fir	sî	Middle	Los	st 4	OF DEATH	Mont		Doy 7	19 58
	5. 51		Mary	7		nith			AGE (In years	IF UNDER 1Y	EAR IE	UNDER 24 HRS.
	J. 31	F	W.	WIDOWE	D DIVORCED DIVORCED		1-1901		ost birthday) 57 yrs.	Months Do		lours Min.
	10a.	USUAL OCCUPATIO	N (Give kind of work	done 10b.	IND OF BUSINESS OR INDUS			r foreign coun	Iry)	12. CITIZE	NOF	VHAT COUNTRY?
	d	Housewi	life, even if retired)			Mar	vland			TT.	S.A.	
	13.	FATHER'S NAME				1	MAIDEN NA	ME			J. ALL C	
		Henry	John Sad	lar		Agnue	Garo?	ine Zei	17mam			
		WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT			Address	1		
	1101,	na, er unknown)	If yes, give war or deles of	tervice)	He	nry Joh	n Sadl	er. El	kton.	d.		
		PART I. DEATI	H [Enter only one can H WAS CAUSED BY: MMEDIATE CAUSE (o								INTERVA ONSET A	L BETWEEN HTADD DEATH
		Conditions, if on gove rise to immedial, stating the u couse lost.	y, which (b		ypertension and	nd Diabe	tes					
7	NOLLA	PART II. OTHI			DNTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE C	ONDITION GI	VEN IN PART I		WAS AUTOPSY PERFORMED?
	CERTIFICATION	200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS	Ob. DESCRIB	E HOW INJURY OCCURRED. (Enter noture of i	njury in Port I	or Part II of i	item 18.)			
	MEDICAL	20c. TIME OF INJUR Hour e. m. p. m.	Y Month, Doy, Ye	White	f	CE OF INJURY tory, street, offic		20f. (City or	town)	(Count	у)	(Stote)
		21. I certify th	at I took charge	of the	remains described abo	ove, held ar	Autopsy	, Insp	ection 3	Inquiry		and in my
う		opinion death i	sulted from:	Natural of	causes . Accident	M.D. CHIEF	MEDICAL EXA	MINER .		ermined mo		DATE SIGNED
~			C.C.Dodson				MEDICAL EX			11-7-	53_	
	B	REMOVAL (Specify)	11-10-		22c. NAME OF CEMETERY OF	white	it	Elato	n (City, town.	Cary	06	(Stote)
	23.	o septe	S SIGNATURE	h	north East	md	DATELOW	1 2 '58	1 2	thung & K		

\$ \$\frac{4}{2} \tau \tau \tau \tau \tau \tau \tau \tau		HANK LASTE STATE O	
		CAL EXAMINER'S	Parties to the last
			L'¢ V
			no ⁴
			I dimutacidi
7		1-18 200 A	
	1, 🖜 😅	x	
.7, 2, 7	art year		2
	Arras Octobilina Allena		
			or,
	noimule	o go zono i dio .	STREET WESTER AS
	≘ರಿದ್ನ	an mysikung an	
25			
x	x English management		A A of the second second second
	-II		.J. c rcn
			urio!

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		SETTE CELLET	•
	Wido La Lot	Times 6 Law. Elec	we , we were
		Lit mon military	ALLES AND THE STATE OF
at 1 0 2 1			
	D(m) I m		
Description of the	toni oni soni A	(Same See)	special in the state of
. ho . dairy from	long but mourie,		
	1200	Authority Containing	Children of the Children of th
15. km.	i koo ka Lo se J	Channel Craws	
AND A SERVICE	-14-11 a dea	T-CI-T COMMENT OF	ne contact of contact to
	nert which the term of		
Marine Liabyva sad	TOTAL LANGUAGE		
	THE REAL PROPERTY.		

FOR STATE HEALTH DEPT

i hours after death. If ony delay is necessary, please ve Pages 1, 2, and 3 to the functal director. Page ann PM3. Page 5 may be received for your files. Its pages 1 and 2 with the 5 Board of Meath, within 72 hours after death.

01/2	~	14	>
E	2	,	6
-		-	1
200	_	E	, 5
5 6	. 0	. 0	0
2 0	Ö	0	- 60
2 2	0	-	-
2 6	0	6	0
9	.2	D	>
6 7	生	-	2
4 6	O	0	61
-0 8	64	7	-
0	61	9	ō
3 .=	C	-	
5:	Ē	-	6
an C	0	0	ž
\$ 10	ALI	70	0
0 6	_	60	Ε
£ 6	0	5	2
+:	3		U
9 70	9	0	-
200	3	0	
.2.3	Biller	3	5
- 0	.0	0	o
23.5	2	47	0
W		C	- David
Z	. 6		Ö
3 :=	400	b	-
2 5	0	0	0
×	***	- 0.0	4
MA 6	9	8	9
- 6	P	2	O
40	ō	U	O
O :	3	144	0
0	ö	=	-
A 0	Boun	Ω	0
< w	-	-	O.
> 5		- 6	200
5 0	200	200	9
A 5	20	Z	60
W U	č	2	-
O ×	64	Me	No.
0 0	4	0	0
- Post		-	
5. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 secure the certificate writing the word "bending" in pencil in flem 18. Gi	10	AF	
V5. A	(13)	ME	
5M	2/5	17	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12384 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

							Keg, Dist. Is	10.
. PLACE OF DEATH				2. USUAL RESIDENCE	CE (Where deceose			efore admission)
Co	ecil		MARYLAN	ID Md	•	b. COUNTY	rford	
b. CITY OR TOWN III	outside carporate limits, write	RURAL	LENGTH OF STAY IN 1	b c. CITY OR TOW	N (If outside corpo			nearest town)
Elkton	į.		2 yrs	Louve	De Grace		12 300	10
	AL OR INSTITUTION (II	f not in hospite		d. STREET ADDRE		3	7	e. IS RESIDENCE
			or, give sincer occiness;					ON A FARM
	Nursing Hom	2		100 5	Washingt	ion, St.		YES NO
NAME OF DECEASED	Firs	•	Middle	Lost	4. DATE OF	Month	Doy	y Yeor
(Type or print)	Mary		Emma	Stephenson	DEATH	35	30	19 58
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	1		IF UNDER TYEAT	The same of the sa
70		WIDOWED 5	DIVORCED [2 22 300		lost birthday)	Months Doys	Hours Min.
Do USUAL OCCUPATION	ON (Give hind of week d			3-21 - 1880 USTRY 11. BIRTHPLACE (78 yrs.	lan civizer	
during most of working	g life, even if retired)			Darki III. BIKITITEACE (arose or soreign co	unity)	IZ. CITIZEN C	OF WHAT COUNT
Housewife	METTAFE	1/7	ONE	Maryland			U-S-A	
3. FATHER'S NAME				14. MOTHER'S MAID	EN NAME			
Verdine	Owens			Mamr P	tta Hughe			
5. WAS DECEASED EV	ER IN U. S. ARMED FOR		CIAL SECURITY NO. 17	NFORMANT	and Hakite		**	0
Yes, no, er unknown)	Iff yes, give war at dates of s	ervice)		26 202			Havre D	eGrace, Mo
no				Mrs. Merle	e Maslin,	100 5	Washing	ton St.
18. CAUSE OF DEA	TH [Enter only one cour	te per line for	(o), (b), ond (c).				INT	ENVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY:						ON	SET AND DEATH
	IMMEDIATE CAUSE (0)	Fr	acture of 1	eft Hip				
1 404.7	DUE TO							
Canadistana 16 a		A sub a sud	losclerosis	manned -				
Conditions, if o		WL. COLI	CORCTELOSTS	IECLASTS				
(o), stoling the	DUE TO							
couse lost.	(c)_							
PART H. OTH	ER SIGNIFICANT COND	DITIONS CONT	RIBUTING TO DEATH BU	T NOT RELATED TO THE T	ERMINAL DISEASE	CONDITION GIVE	N IN PART I(0)	19. WAS AUTOPS
2								PERFORMED?
2								YES NO
PART II, OTH	JSE WAS NTRIBUTING (7) 201	DESCRIBE H	OW INJURY OCCURRED	. (Enter noture of injury in	Port f or Port II o	f item 18.)		
		Poll	an also me	hadna and t	1.11.0			
20c. TIME OF INJUI	RY Month, Day, Year	20d. INJ	URY OCCURRED 20e.	being put to	form, 120f (City of	or town)	(County)	(State)
Hour o.m.		While	Not while	octory, street, office bldg.	, etc.)		(000117)	(sidle)
9 p.m.	10 16 58	8 of work	of work	urs. Home		Elkton	Ceci	1 Md.
21. I certify th	nat I taak charge	of the ren	nains described a	bove, held an Aut	opsy . In:	pection .	Inquiry -	, and in m
				Suicide		_		
Johnnon deam	Tesoned Indin: IN	1010101 000	ses []' Vecideu	, Suicide	, nomicide	, Undeter	mined mann	ier [_]
1	111 1/ 0	111/	0 11 10	0.				
ACTUAL SIGNATURE	4111	0	MINI	CHIEF MEDICA	AL EXAMINER			DATE SIGNED
		-		ASSISTANT ME	EDICAL EXAMINER	П		
EXAMINER'S					CAL EXAMINER			- 40
THE RESIDENCE OF THE PARTY OF T	C.Dodson						11-30	J-58
20. BURIAL, CREMATIC BEMOVAL (Specify)	N, 22b. DATE THEREO!	220	C. NAME OF CEMETERY	OR CREMATORY	22d. LOCATI	ON (City, town, or	county)	(State)
BUN /AL	12-2-19	153 1	4NGELH,	ILL CENI	HAVR	E DEG'A	PARE	MD
3. FUNERAL DIRECTOR	'S SIGNATURE	1	ADDRESS	240.	REC'D BY REGISTR	AR 24b REGIST	TRAR'S SIGNATU	105
TF 777	1. 1117	11/1	1/1. 11	117	0.100		Lun S. That	COA.
11. /////	12111/1/1/10/10	111	TAVRE DELTR	ACE /// DATI	DEC 3 25	100		

2.5	•bit.		Ceasil	
	9. 42. 9.T. 9.T. 08	81.5	1.001	
, C	Loos, mester ca,		Device Bureling Home	
tt oc tt	non a con	HE was the Edward		
	-21 - 1880 78			
	loof, it.		List Telimon	
¿:O V? "J no Lo.	ery abba Hudhus ers. Herle Heslin, lik b Lip		on such on joins.	
	cnocis	n elecolorosia d		
		od agr min an ili		
72 22		T. X	8,—yr ot 6	
35-08-11	x x-v one thinwi		103 10 4 4 L	
			Markett St. Market	

12408

12410 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY District of Columbia MARYLAND Ceci] b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 1 mo. 17 day Mashington Perry Point d. NAME OF HOSPITAL (If nat in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO 1702 Summit Place. N.W. NAME OF Middle 4. DATE Day Year DECEASED (Type or print) ROBERT E. TAYLOR DEATH November 1958 S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours WIDOWED | DIVORCED | Male 12-26-97 White 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Unknown Engineer Alaska USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Hospital Records, VAH, Perry Point, Md. Yes unknown 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Pulmonary Embolus massive, / secondary infarction of lungs DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 CATION PERFORMED? Arteriosclerosis generalized advanced YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m. 21. I certify that I attended the deceased from Sept. 17 , 1958 to November 3, 1958 about tox new the recessed XXXXXXXXXXXXXX and that death accurred at 2:50 DM, from the causes and an the date stated above. ADDRESS (Street, city or tawn, state) DATE SIGNED ACTUAL SIGNATURE MD. V.A. Hospital, Perry Point, Md. 11-4-58 PHYSICIAN'S W. M. HARRIS NAME (Type) Director Professional Services 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Arlington National Arlington, Va. 24b. REGISTRAR'S SIGNATURE 23. FUMERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR Pennington Son Marre de Grace, Md. Orthun & Kraus DATE NOV 1 0 '58

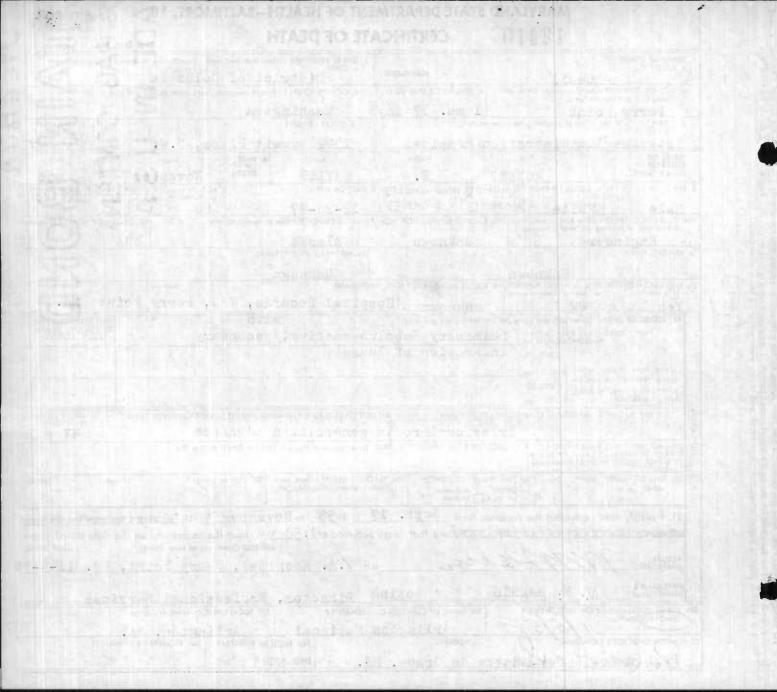
attending please bei burial-transit peen remaval has certificate pached DIRECTOR: OR b P AND PL 0 VS A15 (4) 15M 10/57

funeral

physicie

NO.

should



ı			
ther this certificate has been signed by the attending physician and campletely filled to the funeral directar,	d far use as the burial-transit permit. Then please remove carbon papers. Pages		(Canal
á			
tely filled	Pages :		
complet	papers.	oth.	
ond	900	r de	
Sicion	ve cark	Soffe	
phy	emo	hod!	7
ttending	please r	il, crematian, ar remaval, and in any event within 72 haus after death.	
0	nen	ut v	
y th	F.	ev	
ned b	permit	in any	•
Pn Sig	nsit	puo	
bee	-Ira	Jo.	
cate has	uria	ema	
Ficate	the E	7 70	
ertif	So	ion,	
his c	use.	emol	
ter t	of F	L, Cr	

4	5.5	0
96	to 1	-
9	ir ed	- 1
	7 3	1
to	0 0	
de	5 70	1
-	40	
aft	두 숙	
45	24	
0		
7	7	
3	= 1	
hi.	1	0
-5	a d	
0	9 5	
5	E	L c
0	0 0	5
e w	2 0	Ď.
Pe	0 5	10
0	5 8	ō
0	- S - S	K
=	40	0
- S	0 0	2
-Ç	e j	6
00	000	2
O	# 70	- 3
the	0 0	t
-	독취	7
7	Ď.	>
S	7 5	6
.2	600	2.5
9	S. S.	P
3	icio	0
Ö	20 -	0
he	d o	0
pro-	6 9	Leu
Z	P co	h
3	- Tie	-
S	0 5 0	Ö
H	S. S.	DE
Δ.	古古	9
2	Spi e	,
2	Afi	ō
Z	9 % O	Po
E	70 0	0
A	200	75
O	E Sed	orio
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	- Q - S	1
TA	5	2
SP	o m c	gis
0	×5.8	-
I	DE CO	he
TO	may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, pode 3. All be detached for use as the burial-transit beam? Then please remove carbon papers. Pages 1.	the registive priar to burial, cremation, or removal, and in any event within 72 hays after death.

VS A15 (4) 15M 9/SS

			•••••			•		Reg. Dist. N	io.
1. PLACE OF DEATH a. COUNTY	Cecil		MARYL	- 11	USUAL RESIDENCE (WHO a. STATE Md.	nere deceased	b. COUNTY		
RURAL and give n	If autside corporate limits learest town; ake City,		c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF a		rote limits, write R	URAL and give r	nearest town)
OR INSTITUTION	Nursing H		oddress)	1	d. STREET ADDRESS				o. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print)	Mary C.		. Walte	ers	Lost	4. DATE OF DEATH	Novemb		Day Year 7 19 58
5. SEX 里	9199	7. MARR	IED NEVER MARRIED DIVORCED	-	arch 6, 18	382	9. AGE (In years lost birthdoy) 76 yrs.	Months Doy	AR IF UNDER 24 HRS s Hours Min.
during most of wor Retired	ON (Give kind of work di king life, even if retired) Teacher	one 10b.	kind of Business or School Te						S. A.
13. FATHER'S NAME Cha	arles Walt	ers			4. MOTHER'S MAIDEN N		ou l den		
1S. WAS DECEASED EVI	ER IN U. S. ARMED FORC (If yes, give wor or dotes of ser	ES? 16.	SOCIAL SECURITY NO.	Mis	rmant s Jennie V	Nalte	rs, Che		e City, M
Conditions, if a gave rise to i cause (a), stating lying cause lost.	mmediate (DUE TO	<i>H</i>	EFT &		IPLE 61 A	TISE	KE-		NEET AND DEATH SNEEKS
CATIC	HER SIGNIFICANT COND							/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OCC	CURRED. (I	inter nature of injury in t	Port I or Port	I II of item 18.)		
Y 20c. TIME OF INJUI Hour a.m. p.m.	RY Month, Day, Year	While	NJURY OCCURRED 2 Not while of work		OF INJURY IHome, form r, street, office bldg., etc		or town)	(Caunt	ty) (State)
21. I certify it alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	HENRY	19 1			., 1958, to A. courred at 10 34		7., 1957 of the causes of reet, city ar town.	and on the c	saw the deceased date stated above DATE SIGNET
220. SURIAL, CREMATIC TREMOVAL (Specify	226. DATE THEREOF		Bethel Co	ery or co		22d. LOCAT	Chesa	or county)	(Stote)
23. FUNERAL DIRECTOR Pippin Fi		e do	ADDRESS	cton	Md DATE	D BY REGIST V 2 1 '5	RAR 24b. REGI	STRAR'S SIGNAT	

	HTABO TO ST	CERTIFICAT	3119	
	-m delataras		*	
ET SHOT LEAR				
			NAME OF THE PARTY	
The second state of the second				Committee Alleman 1785
40				E. J. Standard

12410

15000		CERTIFIC		- OI DEAI			Reg. [Dist. No		
PLACE OF DEATH COUNTY			2.	USUAL RESIDENCE (W	/here decease			ence befo	ore admis	sion)
Cecil		MARYLAND		o. STATE Marvl	and	b. COUNTY	Cec	cil		
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	ts, write	c. LENGTH OF STAY IN TH	,	c. CITY OR TOWN (IF		prote limits, write F			arest tow	n)
Elkton			X	Rural	R.D	. 3.Elk	ton			
d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION			1	d. STREET ADDRESS					ON	SIDENCE A FARM?
Union Hospital,	EIKT								AF2 [] NO [
3. NAME OF DECEASED (Type or print) SHELDON	st	Middle K •	W	EST Loss	4. DATE OF DEATH	Novembe		13		Year 58
5. SEX 6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	-	ATE OF BIRTH		9. AGE (In years			IF UND	ER 24 HR
Male White	WIDOWED	DIVORCED [Ji	une 11,19	22	last birthday) 36 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired Process Operator		ind of Business or ini lewater 01		Maine	e ar foreign c	ountry)			F WHA	TCOUNT
13. FATHER'S NAME				MOTHER'S MAIDEN	NAME					
Coorgo W Wort										
George W. West 15. WAS DECEASED EVER IN U. S. ARMED FOR	CES2 14 S	OCIAL SECURITY NO. 17	INFO	- V	Kilby		Iress			
(Yes, no or unknown)	ervice)	05-16-3331	Mr		West	, R. D.		Elkt	on,	Md
18. CAUSE OF DEATH [Enter only one co									ERVAL BI	EYWEEN
PART I. DEATH WAS CAUSED BY:		Cerebral hem	orrh	age		1000	appi	LON	SENAND	DEATH
1145 X IMMEDIATE CAUSE (0)						ang Is a			
DUE TO		Malignant 1	ממזה	rtension				111	aknor	m
Conditions, if ony, which gave rise to immediate (b))	110TTP110TIO	13 pc	T COMBION						7.00
couse (o), stoting the under-										
lying couse lost.) (c										
PART II. OTHER SIGNIFICANT CON 20g. ACCIDENT WAS UNDERLYING CON CONTRIBUTING CAUSE OF DEATH UT FEITHER, NOTIFY MEDICAL EXAMINER;	DITIONS <u>CC</u>	NTRIBUTING TO DEATH B	UT NOT	RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(o)	PERFO	DRMED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCR	RIBE HOW INJURY OCCUR	RED. (E	nter noture of injury in	Port I or Par	t II of item 18.)				
20c. TIME OF INJURY Month, Day, Yeo Hour a.m. p. m.	or 20d. INJ	URY OCCURRED 20e.	PLACE	OF INJURY (Home, fare	m, 20f. (City	ar town)		(County)		(State
Hour a. m. 19	While at work	1101 WILLE	ractory,	street, affice bldg., et	c.)					
		Sept. 2	3)	10 58 No	v. 13	58	that !			
21. I certify that I attended the	deceases	110111		-, 17						
alive on	., 19	and that dea	th oc	curred at		n the causes o		the do		
ACTUAL SIGNATURE	wens	15	_ M.D.	233 E. M		reet, city or town,	state) No	ov.	Ц,19	ATE SIGI
PHYSICIAN'S S. Ralph A	ndrew	s, Jr., M.D.			E	lkton, M	aryla	and		
220. BURIAL, CREMATION, 226. DATE THEREO REMOVAL (Specify) Cremation 11/17/5		22c. NAME OF CEMETERY Cedar Hill	OR CR	ematory ematorium	22d. LOCA Suit	TION (City, town,	20-	ylar	nd (Sto	le)
3. FUNTER L DIRECTOR'S SIGNATURE	1	ADDRESS			D BY REGIST	RAR 24b. REG!	STRAR'S S	IGNATU	RE	
Dalph & Hinb.	//Ell	kton, Mary	lan	DATE IN	V 1 8 '5	B Qui	Chur S	Harr	4	

2 should be filled with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNER — DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 Ald be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A1S (4) 15M 9/SS

	CERTIFICATE OF DEATH	
		SPERMIT
		Mineral Control
is the state of th	Parasa Illiasatan 200	Marie (1001 Viria (1)
ę		
THE PERSON NAMED IN TAXABLE	TOTAL THE TALL AND THE TOTAL OF THE TALL O	The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Page !

4	GI TOPOMINAS-RIVATE TO THE MINISTER TO ATE CHARLE	
	CERTIFICATE OF DEATH	
		Line in the second
	significant to the second seco	
	nom	
	in temporary and the comment of the	
	The season visits , since it	
	nompleto Ling Lantippo ell'olo estagnicales	
<u>-</u>	nompleto Ling Lantippo ell'olo estagnicales	
	nompleto Ling Lantippo ell'olo estagnicales	
	unders light religion ellos extractions.	
a		
Q		

	9			
2		7		
1	-		1	
ŧ)	
Do				

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12386

CERTIFICATE OF DEATH

	keg. Dist. 140.
1. PLACE OF DEATH o. COUNTY Cecil MARYLANE	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before odmission) o. STATE b. COUNTY CCC 1
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1)	Artical Jacobson
RURAL ond give nearest lown) Elkton Lifetime	Elkton
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Union Hospital	218 Bast High Street YES NO K
3. NAME OF DECEASED (Type or print) Charles M. Middle	JOYK Man 4. DATE Month Doy Year DEATH Nov. 29 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	August 2 1901 57 yrs.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Maintenance Town of Elkto	DI Elkton, Md USA
William J. Workman 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17	Addie R.Dilks 7. INFORMANT Address
Yes, no or unknown (If yes, give war or dates of service) 216-05-6097	Mrs Walter S. Moore Elkton Rd 4 Md
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	
160 A DUE TO	1956
Conditions, if ony, which gove rise to immediate (b)	
couse (o), stoting the under-	
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	RRED. (Enter nature of injury in Part I or Part 11 of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County) (Stole)
21. I certify that I attended the deceased from Nov. 2	LA 1958, to Novi 29, 1958, that I last saw the decease
21 20 0000	ath occurred at
	ADDRESS (Street, city or town, stote) DATE SIGNET
SIGNATURE The Gold H. Blacker	MD. Ellety, Md. M. 29,1958
PHYSICIAN'S Milford H.Sprecher	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	Y OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 12-3-1958 Met	thodist North East, Cecil Co., M
23. FUMERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Morth East Maryla	and DATE DEC 4'58 Circling S. Frank

	CERTIFICATE OF DEATH
	THE STATE OF THE S
, ,	